POTENCY

The comprehensive controls under which Aspirin is made insure uniform potency. In all, over seventy different tests and inspections are employed in making this best-known of all analgesics. The Aspirin reputation and acceptance as *the* analgesic for home use is being jealously guarded. In one of the world's finest drug plants where Aspirin is made, *excellence* is the standard.

Between Ourselves

Returning nurses have given us glowing accounts of the wonderful conferences, the marvellous hospitality, the invigorating refresher courses, and the opportunities for sightseeing experienced before, during, and after the recent sessions of the **International Council of Nurses** in Sweden. In order to share these experiences with the thousands of nurses who were unable to attend, much of the editorial content of the October issue will be devoted to the stories and reports.

* * *

The question has been raised as to how nurses can keep track of the various drugs, ointments, etc., which are described under the caption **New Products.** We have placed them immediately following this page so that you can cut them up easily and paste them on individual 3 x 5″ file cards. They can then be filed in alphabetical order or by any other method you prefer. Personally, we think the alphabetical method is simplest and suggest that where a similar product is called by a different name by another manufacturer, you write this trade name on the card so that you may refer to it quickly.

* * *

Another exceedingly useful piece of information is featured in Dr. Watson's summary of **Clinical Laboratory Procedures.** He has drawn together in simplified form the maze of tests and diagnostic tools which are part of the present-day routine in a modern hospital or clinic. We suggest that you put a special mark on the cover of this issue so you won't accidentally throw it away when one of your tidying-up moods strikes you. We wish it had been possible to leave the reverse side of each sheet blank so that you could cut these pages out and paste them on cards too. If you want to do that, we suggest that you write in quickly and order a second copy of this issue so that you can file the material in proper sequence. As long as the supply lasts you may procure additional copies at twenty-five cents each.

* * *

You will be interested in reading of the use that is made at the Montreal Neurological Institute of the **specially built chair** by which patients are transported to the toilet instead of having to use bed-pans. How many other hospitals in Canada are making use of a similar device? It sounds very practical to us and we hope many institutions will look into the possibilities of providing this form of equipment in the near future.

* * *

Our cover picture is one of the series accompanying the story of the **first televised operations** in Canada. In this photograph, the three lenses show up particularly well. These lenses were alternated, as occasion demanded, by remote control, to allow a close-up, semi-close-up, or more general view of that area of the patient's body on which the operation was being performed. Operation of the lenses by remote control meant that the television technicians were not required to be in the operating-room during the surgery.

* * *

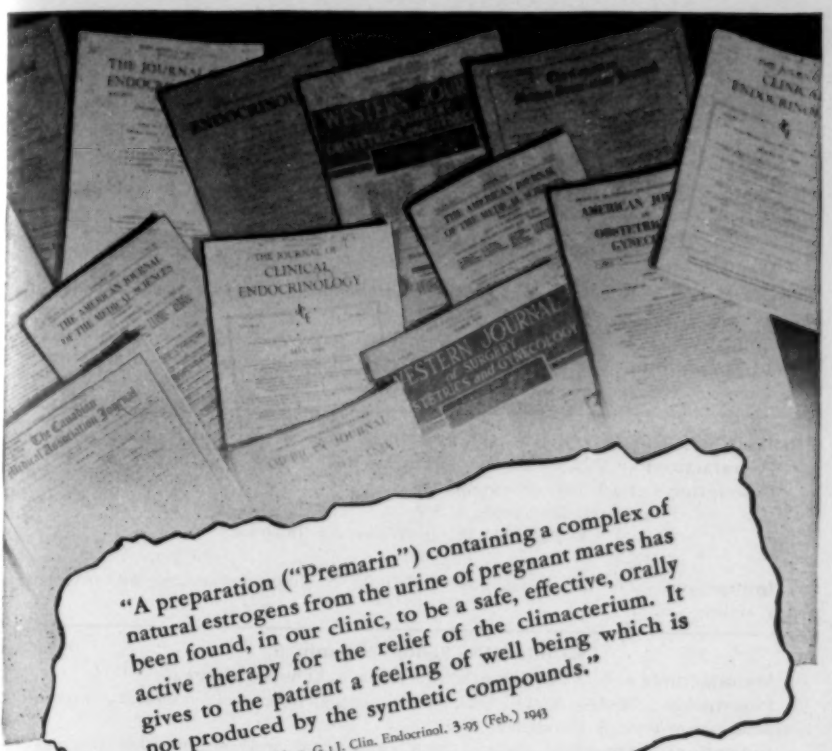
Sincerity is one virtue that cannot be shammed for long: sooner or later the camouflage gets punctured and the real motive shows through. Sincerity is like a bell. The genuine article has a clarity of a flawless bell, while insincerity has a hollowness simulating a cracked one. No amount of fixing will restore to a cracked bell the clear perfect tone. No amount of pretence will give insincerity the ring of sincerity. Probably the biggest price we pay for insincerity is that when it catches up with us we are never rid of the suspicion fixed upon us, for no one believes us when we plead it was "our first offence." We are on probation ever after.

* * *

Here Dr. Croone told me that at the meeting at Gresham College tonight, there was a pretty experiment of the blood of one dog let out, till he died, into the body of another on one side, while all his own run out on the other side. The first died upon the place, and the other very well and likely to do well. This did give occasion to many pretty wishes, as of the blood of a Quaker to be let into an Archbishop and such like; but, as Dr. Croone says, may if it takes, be of mighty use to man's health, for the amending of bad blood by borrowing from a better body.—SAMUEL PEPYS DIARY

* * *

Only 40 per cent of Canadians have access to free public libraries and these Canadians read on the average about five books per year.


THE JOURNAL OF CLINICAL ENDOCRINOLOGY
WESTERN JOURNAL OF SURGERY OBSTETRICS AND GYNECOLOGY
AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY

"A preparation ("Premarin") containing a complex of natural estrogens from the urine of pregnant mares has been found, in our clinic, to be a safe, effective, orally active therapy for the relief of the climacterium. It gives to the patient a feeling of well being which is not produced by the synthetic compounds."

Glass, S. J. and Rosenblum, G. J. Clin. Endocrinol. 3:95 (Feb.) 1943

"Premarin"

conjugated estrogenic substances (equine)

TABLETS: No. 865 — 2.5 mg. per tablet
No. 866 — 1.25 mg. per tablet
No. 867 — 0.625 mg. per tablet
in bottles of 20 and 100
No. 868 — 0.3 mg. per tablet
in bottles of 100

LIQUID: No. 869 — 0.625 mg. per teaspoonful
in bottles of 4 fluid ounces

When sedation is also desired:
TABLETS: No. 877 — 0.625 mg. per tablet
plus ½ gr. phenobarbital
in bottles of 100.

Ayerst

ORALLY ACTIVE • HIGHLY POTENT • WATER SOLUBLE
NATURALLY OCCURRING • ESSENTIALLY SAFE
WELL TOLERATED • IMPARTS A FEELING OF WELL BEING

AYERST, McKENNA & HARRISON LIMITED • *Biological and Pharmaceutical Chemists*
MONTREAL CANADA 653

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

PYRROLAZOTE — 'Abergic'

Manufacturer — The Upjohn Co., Toronto.

Description — Brand of pyrathiazine (pyrrolidineethyl-phenothiazine), an antihistiminic.

Indications — Allergic symptoms, especially hay fever, vasomotor rhinitis and urticaria.

Administration — Adults, 50 mg., 3 or 4 times daily; may be decreased to 25 mg. or increased up to 100 mg. Children, 25 to 50 mg. In tablet form.

PROCAINE HYDROCHLORIDE, U.S.P. 0.1% in Isotonic Sodium Chloride Solution

Manufacturer — Abbott Laboratories Limited, Montreal.

Description — Each 1000 cc. contains:

Procaine Hydrochloride, U.S.P.	1.0 gm.
Sodium Chloride, U.S.P., in Water for Injection, U.S.P.	9.0 gm.

Indications — For intravenous use in painful conditions associated with extensive burns, arthritis, etc.

RUBRAMIN, Squibb Vitamin B_{12}

Manufacturer — E. R. Squibb & Sons of Canada, Limited, Montreal.

Description — A clear, slightly pink, sterile, aqueous solution of Vitamin B_{12}, a recently isolated factor of Vitamin B complex.

Indications — Pernicious anemia, sprue, nutritional and certain other macrocytic anemias.

Administration — Intramuscularly. Dosage varies, but studies suggest that 1 cc. of Rubramin (i.e., 15 micrograms of Vitamin B_{12}) produces the same clinical response as 1 cc. (15 units) of standard liver extract.

How Supplied — 1 cc. ampoules containing the equivalent of 15 micrograms of Vitamin B_{12}.

FLAXEDIL

Manufacturer—Poulenc Laboratory Ltd., Montreal.

Description—R.P. 3697 (triiodoethylate of tri-(dimethylaminoethoxy)), 1, 2, 3, benzene. Synthetic agent possessing curarizing properties very similar to those of naturally occurring curares, but offering a wider margin of safety. Causes complete relaxation of all the muscles of the body thus reducing to a minimum the total amount of anesthetic needed. Aqueous solution, stable at ordinary temperatures. Miscible with barbiturates.

Indications—Abdominal surgery. Thoracic and pulmonary surgery. Operations under intravenous barbiturate anesthesia. Operations with endotracheal anesthesia.

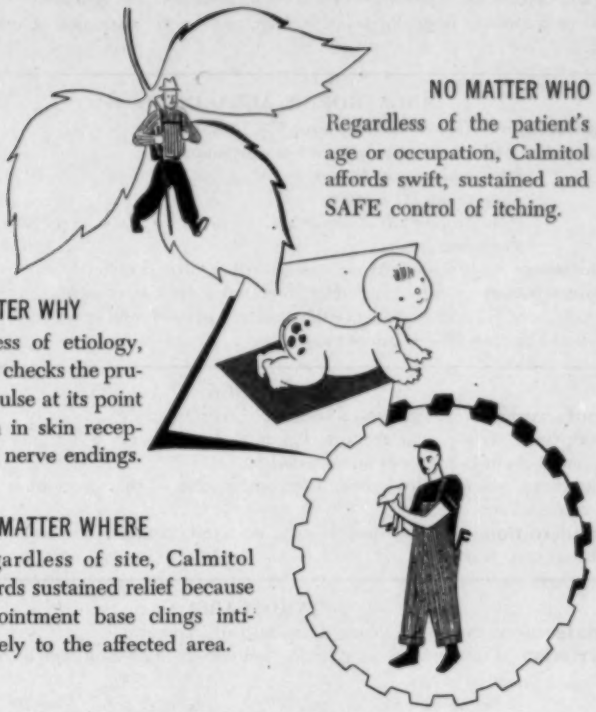
Administration—By intravenous injections. Dosage varies with the individual. As with all curares, the anesthetist must have at his disposal the proper apparatus for intubation and oxygen therapy.

BETHIODYL CAPSULES

Manufacturer—Charles R. Will & Co., London.

Description—Each capsule contains: sodium phenobarbitone 1/4 gr., ephedrine sulphate 3/8 gr., l-hyoscyamine 1/240 gr., theophylline ethylenediamine 1½ gr., potassium iodide 5 gr.

Indications—Chronic bronchial asthma.



NO MATTER WHO

Regardless of the patient's age or occupation, Calmitol affords swift, sustained and SAFE control of itching.

NO MATTER WHY

Regardless of etiology, Calmitol checks the pruritic impulse at its point of origin in skin receptors and nerve endings.

NO MATTER WHERE

Regardless of site, Calmitol affords sustained relief because its ointment base clings intimately to the affected area.

IT DOES MATTER WHAT *is used to control itching*

A routine comment on calamine is that it "just doesn't work". As for phenol, cocaine and their derivatives, the dangers of application are painfully manifest. Efficacy and safety are well combined in Calmitol; its active ingredients, camphorated chloral, hyoscyamine oleate and menthol, control itching promptly without risk of "therapeutic" kickback.

The Leeming Miles Co. Ltd.
1 NOTRE DAME ST. W., MONTREAL, CAN.

CALMITOL
for relief from itching

ESTINYL Tablets

Manufacturer—Schering Corp. Ltd., Montreal.

Description—Ethinyl estradiol, 0.5 mg. per tablet, a potent oral estrogen which rarely produces toxic reactions in therapeutic dosage.

Indications—Especially where extremely high estrogen dosage is indicated in palliation of prostatic carcinoma, suppression of lactation, induction and hastening of labor, palliation of breast carcinoma in postmenopausal women, and for the expulsion of the fetus in missed abortion.

ANCATROPINE ALKALINE Tablets

Manufacturer—Anglo-Canadian Drug Co. Ltd., Oshawa.

Description—Pleasantly-flavored tablets containing:

Dried aluminum Hydroxide Gel	10 gr.
Magnesium Hydroxide	5 gr.
Homatropine Methylbromide	1/40 gr.
Phenobarbitone	1/6 gr.

Indications—Gastric disturbances associated with hyperacidity and hypertonicity.

Administration—Adults, one tablet three times daily after meals. For peptic ulcer, one every 2 to 4 hours. Each dose should be followed by a glass of milk or water. For quickest results tablets should be chewed well before swallowing.

TRIPANCA

Manufacturer—Anglo-Canadian Drug Co. Ltd., Oshawa.

Description—Triple sulfa therapy. Each tablet represents 0.167 gm. (2.5 gr.) each of Sulfadiazine, Sulfamerazine, and Sulfamethazine.

Indications—As for sulfadiazine. The combination of the three sulfas lessens the possibility of crystalluria occurring.

Administration—As prescribed. Usually for adults dosage is 8 tablets initially, followed by 2 tablets every four hours.

'TYROSCABE'

Manufacturer—Sharp & Dohme (Canada) Ltd., Toronto.

Description—Contains in non-irritating solution the following ingredients by weight:

Active	
Benzyl Benzoate	36.010%
Tyrothricin	0.053%
Benzocaine	3.230%
Inert	60.707%
	100.000%

Alcohol 56% by volume.

Indications—'Tyroscabe' is indicated in treatment of scabies and rapid eradication of the itch mite. It is effective also in treatment of pediculosis capitis and pediculosis pubis.

Administration—(1) During a hot bath the body is lathered well with soap and affected areas are scrubbed vigorously. (2) After thoroughly rinsing and drying, 'Tyroscabe' is applied over entire body from tip of chin and hair line to the toes. When the application has dried, 'Tyroscabe' is applied a second time and the patient dresses in clean clothes. (3) After 24 hours, a second bath is taken and the patient dresses again in clean clothes. All contaminated wearing apparel and bed clothing should be discarded or sterilized.

Note—For infants and young children, dilute 'Tyroscabe' with equal volume of water.

'CILLENTA' OPHTHALMIC OINTMENT

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Each gram contains 1,000 I.U. Potassium Penicillin G (crystalline) in a special ophthalmic base.

Indications—Ocular infections due to penicillin-susceptible organisms.

Use the liquid in the can

NUTRITIONISTS have long recognized that extraction of vitamins and minerals occurs when fresh foods are cooked in water (1). They have further pointed out that discarding the cooking water—the usual home practice—entails a loss of valuable, essential nutrients (2, 3).

Modern practice in commercial canning goes far in preventing these solution losses in the case of products which are packed in syrups and brines.

Such canned foods are cooked by the heat process accorded them while still contained within the hermetically sealed can.

A minimum of water is used, which also remains within the can, conserving for the consumer's use the extractable vitamins and minerals.

Tabulated below are vitamin values found in the solid and liquid phases of several canned vegetables (4). The results indicate that approximately one-third of these vitamins are contained in the liquid portions. A parallel situation holds with respect to the minerals (5).

Physicians can effect a conservation of essential vitamins and minerals by urging housewives to serve the liquid in the can with the solid portion or use it in soups and gravies.

Percentage Distribution of Water Soluble Vitamins in Canned Vegetables

	Ascorbic Acid		Thiamine		Riboflavin	
	Solid	Liquid	Solid	Liquid	Solid	Liquid
Asparagus, green	60	40	62	33	71	29
Beans, green	64	36	67	33	76	24
Beans, Lima	56	44	68	32	76	24
Carrots	66	34	66	34	74	26
Corn, whole kernel	61	39	67	33	78	22
Peas	63	37	66	34	70	30
Spinach	62	38	69	31	76	24

(1) J. Home Economics 28, 15 (1936)
(2) Food Research 8, 115 (1943)
(3) Food Research 7, 300 (1942)
(4) J. Nutr. 28, 131 (1944)
(5) J. Am. Diet. Assn. 21, 354 (1945)

This is one in a new series of articles which will summarize, for your convenience, the conclusions about canned foods, which authorities in nutritional research and canning technology have reached. Look for them each month in this publication.

AMERICAN CAN COMPANY

KENTVILLE • MONTREAL • HAMILTON • TORONTO • WINNIPEG • VANCOUVER

AMPOULES METUBINE IODIDE

Manufacturer—Eli Lilly & Co. (Canada) Ltd., Toronto.

Description—A sterile isotonic solution of crystalline Metubine (Dimethyl-tubocurarine, Lilly) Iodide containing in each cc. 0.5 mg. (20 units).

Indications—Adjunct to anesthesia, providing profound relaxation of skeletal muscles.

Administration—Intravenously as directed, taking usual precautions as with other curare-like drugs. Contraindicated in respiratory depression, pulmonary disease, or respiratory embarrassment.

'TIMOFAX' Brand UNDECYLENATE OINTMENT

Manufacturer—Burroughs Wellcome & Co., Montreal.

Description—10% of undecylenic acid as free acid and the potassium salt, in a vanishing cream base.

Indications—For the treatment of fungous infection of the skin, particularly dermatophytosis ("Athlete's Foot").

TESTOSTERONE in Aqueous Suspension

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—A sterile preparation of pure crystalline testosterone in aqueous suspension designed for prolonged therapeutic effect. Three potencies: 10 mg. per cc., 25 mg. per cc., and 100 mg. per cc.

Indications—Conditions where administration of androgens is indicated.

Administration—Intramuscularly only. Following injection the aqueous vehicle is rapidly absorbed leaving the crystals in the tissues as small implants, simulating the normal release of androgen from the testis.

"HEPARIN/PITKIN MENSTRUUM"

Manufacturer—Wm. R. Warner & Co. Ltd., Toronto.

Description—Each cc. contains 100 mg. of heparin sodium salt dissolved in the Pitkin Menstruum. Available as "plain" (without vasoconstrictors) and "with vasoconstrictors" (ephedrine sulphate and epinephrine hydrochloride).

Indications—All types of intravascular clotting—venous or arterial. Contraindicated in presence of active bleeding, potentially hemorrhagic lesions, hemorrhagic blood dyscrasias, increased capillary fragility; except bleeding from pulmonary or renal infarction, normal menstruation.

Administration—Subcutaneously, following detailed directions. Should not be used unless facilities for determining blood coagulation time and a source of matched whole blood for transfusion are available.

AMPOULES 'DOLOPHINE HYDROCHLORIDE'

Manufacturer—Eli Lilly & Co. (Canada) Ltd., Toronto.

Description—Each 20 cc. ampoule contains 10 mg. per cc. of Dolophine (Methadon, Lilly) Hydrochloride.

Indications—Severe pain of renal colic and advanced malignant tumours or metastases; post-operative discomfort after surgery; pain associated with fracture, etc.

Administration—Subcutaneously. Tablets for oral use are also available.

'DURACILLIN FORTIFIED' in OIL

Manufacturer—Eli Lilly & Co. (Canada) Ltd., Toronto.

Description—Each cc. contains 300,000 units Procain Penicillin-G, crystalline, and 100,000 units Potassium Penicillin-G, crystalline, in sesame oil.

Indications—For intramuscular injection to provide both prompt and prolonged therapeutic blood levels of penicillin in the treatment of infections due to penicillin-sensitive organisms.

CALIGESIC

analgesic calamine ointment

SHARP & DOHME

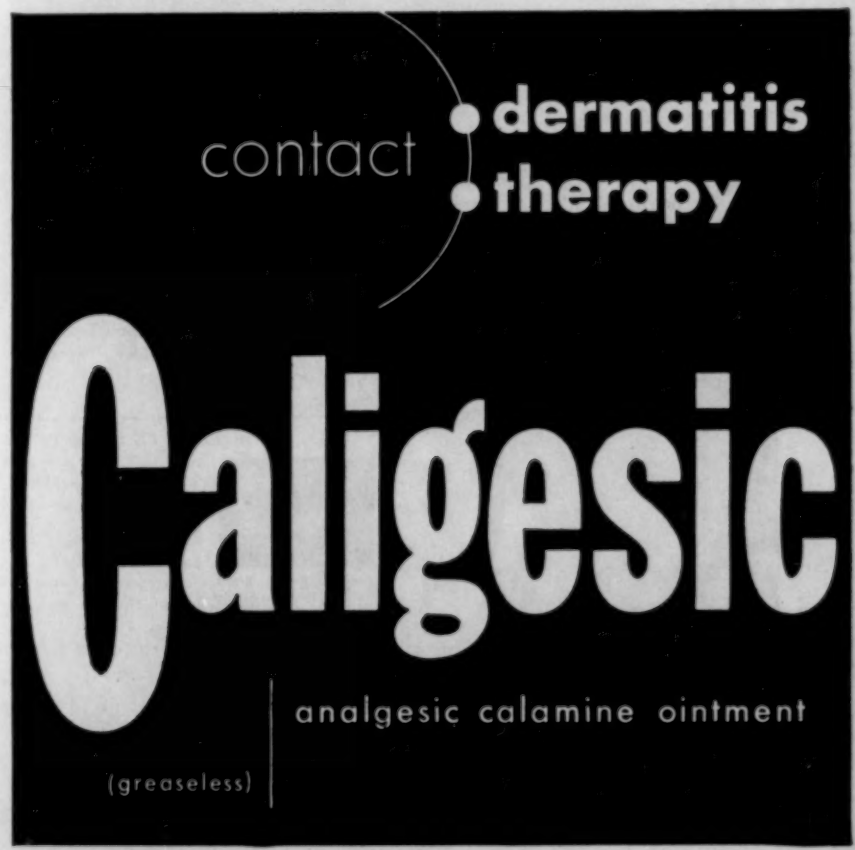
Symptomatic relief is basic in treating *Rhus dermatitis*. Contact therapy with cooling, soothing CALIGESIC Ointment promptly suppresses the well-nigh intolerable itching, helping to control vesiculation and exfoliation as well.

CALIGESIC Ointment is astringent as well as analgesic and anesthetic, protective, cooling, soothing and greaseless, quickly arresting the desire to scratch, and thereby minimizing danger of secondary infection.

Primary indications: ivy and oak poisoning, sunburn, pruritus; also summer prurigo, hives, insect bites and other minor skin irritations.

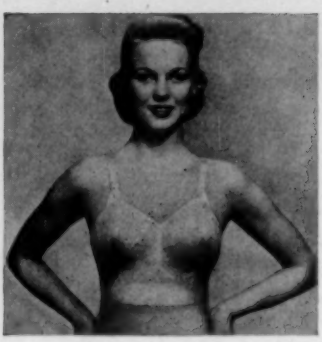
Each 100 Gm. of CALIGESIC Ointment contains: *Calamine*, 8.00 Gm.; *Benzocaine*, 3.00 Gm.; *Hexylated Metacresol*, 0.05 Gm.

Cooling, soothing CALIGESIC Ointment is supplied in tubes of 1½-oz. Sharp & Dohme (Canada), Ltd., Toronto 5, Ontario.



DO YOUR BREASTS SAG?

Before she got her Spencer Breast Support.



In the Spencer Breast Support designed for her.

A SPENCER BREAST SUPPORT HELPS NATURE TO RESTORE TONE

The shape, the size—and the placement of breasts vary with each individual. That is why each Spencer Breast Support is designed especially for the one woman who is to wear it.

Your Spencer Breast Support will be designed to support breasts in position to improve circulation.

Spencer Antepartum - Postpartum Breast Support designed especially for this woman. Opens in front for nursing convenience.

For Antepartum-Postpartum

For each antepartum-postpartum patient a Spencer Breast Support is designed to help guard against stretching and breaking of skin, caking, abscessing or engorging. May open in front for convenience. Adjustable to changing size of breasts".

For free information, send coupon below or look in telephone book under "Spencer corsetiere" or "Spencer Support Shop".

WRITE FOR FREE BOOKLET

Lordotic Posture *Breast Problems* *Ptotic Posture*

☐ ☐ ☐

SPENCER SUPPORTS (Canada) Limited, Rock Island, Quebec.

Send free booklet. have checked my problem at left.

Name.....

Address.....

City..... Prov. 177-9-49

SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS

For Abdomen, Back and Breasts

Student nurse Mary Lou Elliatt first used Noxzema to help clear up skin blemishes. "Now I use it every night," she says, "as a wonderful aid to a smooth, clear complexion."

As housewife, Mary Lou often finds her hands in hot water. No new experience for nurses—who have long protected their hands from strong solutions with Noxzema.

AROUND THE CLOCK WITH MARY LOU

Like thousands of other women, this pretty young student nurse and housewife uses a New Idea in beauty for lovelier face and hands

As a student nurse—and busy housewife, Mary Lou Elliatt has a *real* 'round the clock job. And yet she always looks lovely.

Early in her professional career, Mary Lou discovered what many nurses have known for a long time . . . that medicated Noxzema Skin Cream is a *real* beauty aid. "Student nurses always had Noxzema on hand," she tells us, "for their own personal use."

"I like Noxzema for its nice clean odor," says Mary Lou, "and the fact that it's greaseless is *so* important to me. Here is how I use it: At night, just before retiring, I rub Noxzema into my face—it's *that* simple! It's really a wonderful aid to a smooth, clear complexion. I've found it more effective and quicker than anything else I've tried to help clear up those annoying little skin blemishes we all get from time to time."

Why not try Mary Lou Elliatt's beauty secret? Give your skin medicated care as so many nurses all over Canada are doing. Use Noxzema as your regular night cream. Use it as a foundation for make-up to help keep your face looking lovely all day. If constant scrubbing and strong hospital solutions are making your hands red, rough and sore—try Noxzema medicated care to keep them soft, smooth and lovely. Get greaseless Noxzema Skin Cream today! At all drug and cosmetic counters. 21¢, 49¢, 69¢, $1.39.

PROLONGED PROTECTION

AFTER the successful application of an antiseptic, there still remains the risk of fresh contamination by pathogenic organisms. It is important, not only that the barrier should be effective when first set up, but that the protection should be prolonged.

The protection conferred by 'Dettol' is durable. It has been shown that if 30% 'Dettol' is applied to the skin and allowed to dry, the area remains insusceptible to fresh infection by *streptococcus pyogenes* for at least two hours.*

** This experimental finding (J. Obstet. Gynaec. Brit. Emp. Vol. 40 No. 6) has been confirmed in obstetric practice extending well over a decade.*

'DETTOL' THE MODERN ANTISEPTIC Reckitt & Colman Ltd. By Appointment Suppliers of Antiseptics to H.M. the King.

RECKITT & COLMAN (CANADA) LTD. PHARMACEUTICAL DIVISION, MONTREAL (M.17)

The Little Touch That Makes The Big Hit

It's those extra little services that rate you as the "perfect nurse." And, one of the extras patients appreciate best is frequent rinsing of hot, dry, furry-tasting mouths with soothing, oh, so refreshing Glyco-Thymoline. A cleansing, deodorizing, *alkaline* solution, Glyco-Thymoline is non-irritating, non-astringent with a pleasing flavor that wins patients' eager acceptance and compliments for your thoughtfulness.

GLYCO-THYMOLINE

Free

for your personal use—an attractively-designed bottle of Glyco-Thymoline. Be sure to send today for your "Nurse's Special."

. . . and always be sure your own breath is never offensive. Use Glyco-Thymoline regularly yourself. Write today for complimentary bottle for personal use.

Kress & Owen Co. of Canada, Ltd., 286 St. Paul St. West, N-9, Montreal

Baby's Own is proud of your trust

The profession has long honored Baby's Own products with approval. We are confident that this is because of the strictly controlled purity of our products.

For baby toiletries which are absolutely trustworthy, you will find satisfaction in using and recommending Baby's Own products.

Baby's Own SOAP - OIL - POWDER

The J. B. Williams Co. (Canada) Limited
La Salle, P.Q.

Readily Digestible
MILK MODIFIERS
for INFANT FEEDING

Crown Brand and Lily White Corn Syrups are well known to the medical profession as a thoroughly safe and satisfactory carbohydrate for use as a milk modifier in the bottle feeding of infants.

These pure corn syrups can be readily digested and do not irritate the delicate intestinal tract of the infant.

"CROWN BRAND" *and* "LILY WHITE" CORN SYRUPS

Manufactured by THE CANADA STARCH COMPANY Limited
MONTREAL AND TORONTO

Good!

all these ways

direct from the spoon

mixed with cereal, milk or juices

in infant's formula

For appeal plus adaptability, try Vi-Daylin—the liquid vitamin supplement with the citrus-like flavor and odor. Each honey-like 5-cc. teaspoonful contains the minimum daily requirement of vitamin A for a child 1 to 12 years old, twice the minimum daily requirements of vitamins C, D and thiamine, and supplemental amounts of riboflavin and nicotinamide. Vi-Daylin is stable at room temperature for two years, won't curdle milk, won't stain clothing, leaves no fishy after-odor. Supplied in bottles of 90 cc. and 8 fluid ounces.

ABBOTT LABORATORIES LIMITED, Montreal

Abbott

VI-DAYLIN

TRADE MARK

(Homogenized Mixture of Vitamins A, D, B_1, B_2, C and Nicotinamide. Abbott)

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-FIVE *NUMBER NINE*

MONTREAL, SEPTEMBER, 1949

Dollar Magic

Average reading time — 4 min. 6 sec.

IT is a common accompaniment of advancing years that memory plays tricks and the happenings and people of a long bygone day frequently seem more real, more clear-cut than the events of yesterday or the day before. Though few of our readers have yet reached the age when such recollections are a part of their personal experience, they have all noted this tendency in older relatives and patients. But there is one childhood remembrance that should not be difficult to recall. Can you remember when at the age of eight or nine you were *rich* when you had managed to save up or were given a whole dollar? The things you could buy with that much money! The planning you did to make it stretch over presents for every member of your family at Christmas or for birthdays! It was rather fun, wasn't it?

Today you have many dollars in your purse, for nurses are receiving higher salaries than ever before in history. More money, and yet it goes so quickly it scarcely seems possible sometimes to make it stretch from one pay day to the next. There are so many calls for those precious dollars—just ordinary living costs so much. It takes quite a bit of scrimping and saving to buy that new fur coat—and the price of shoes!

There is one place that your precious dollar regains its position of value. The United Nations Appeal for Children has worked out a purchasing program that will astound you. Your one dollar would buy any one of the following amazing bargains, under their careful management:

Enough powdered *milk* to give *ten* children a glass of milk a day for a week.

Enough *cotton* (raw) to make *fifteen* diapers for an infant.

Enough *leather* to make a *pair* of shoes for a child.

Enough raw *wool* to make cloth for a child's *coat*.

Enough B.C.G. to *vaccinate eight* children against tuberculosis.

A day's dose of *cod liver oil* for almost *three hundred* children.

Your dollar would not only pay for any of those items but it does

something more. By the time the aid reaches the children it is doubled or trebled in value by the matching arrangement under which the Children's Fund operates. You pay for the powdered milk which UNAC provides and it is reconstituted into the glasses of milk. With it, the child receives bread or some other food furnished either by the government or by some volunteer agency within the country.

This year there is not going to be a nation-wide organization in Canada to sponsor the raising of funds. The members of the UNAC executive decided to depend upon articles in the press, in current magazines, the word-of-mouth of interested individuals to stimulate personal donations. This gives every nursing organization in Canada an added project for their work this autumn. You understand the dire predicament of millions of the world's children. You can help to provide the thousands of things needed.

The Canadian committee has announced that the funds collected this year will be spent in the main for the purchase of powdered milk. They were informed by the Department of Agriculture that there is likely to be a surplus of milk this year in Canada. Their purchases are made through the Canadian Commercial Corporation, a crown company which is in a position to buy in bulk at very reasonable prices. None of the money will be spent on organizers, publicity materials, travel expenses, etc. Thus you will know that your precious dollars are really accomplishing the purpose for which you give them.

Let your generous donations swell the fund so that dollar magic can bring sustenance to the millions of children throughout the world who are being cared for by UNAC. Next year may be too late. Give your dollars now!

In the Good Old Days

(*The Canadian Nurse, September, 1909*)

The editor describes in detail a notable journey she made through western Canada visiting the nursing associations. She started in Winnipeg where Miss Ethel Johns, as president of the W.G.H.A.A., chaired a special meeting of that body and the Manitoba Graduate Nurses' Association. In Regina she found that "the nurses are very much interested in professional matters and will probably form an association before long." The Calgary General Hospital was in course of construction and the editor showered her praises upon its beautiful situation. "There is truly no hospital in the world with such a fine site." Edmonton, Vancouver, and Victoria were also visited.

* * *

The second quinquennial meeting of the International Council of Nurses had been held during the previous summer. The delegates from the Canadian National Association of Trained Nurses included Mary A. Snively, Louise Brent, A. J. Scott, E. Baikie, and Nora Tedford.

"Nursing is an art which should be cosmopolitan since in its practice it is without creed or country and is governed by the same law for rich and poor. There should be a nursing Esperanto in order to secure more easily a uniform method of working."

* * *

"The most picturesque feature of the evening's entertainment (graduation exercises), following the presentation of diplomas and medals, was the presentation of the flowers, tributes from the nurses' friends . . . and grateful patients in different parts of the Dominion. The flowers were presented by twelve little girls dressed in white, with wreaths on their heads, who tripped in laden with flowers and singing a pretty little greeting to the graduates. . . . The new national chant, 'O Canada,' rendered by the school, brought the evening's entertainment to a close."

* * *

"The Victoria Convalescent Home is to be given up as there is not sufficient demand for that form of sick nursing in a city like Victoria, B.C."

Summary of Clinical Laboratory Procedures

E. M. Watson, M.D.

The many notable advancements in the fields of biochemistry, physiology, immunology, and pathology have led to a much better understanding of certain vital processes than heretofore. The knowledge thus provided has been applied in the development of clinical laboratory procedures, many of which are firmly established as part of the practice of modern medicine.

Until comparatively recently, laboratory tests were utilized mainly as aids to diagnosis, but the activities of the clinical laboratory have been enhanced remarkably by the discovery and utilization of newer therapeutic methods. The introduction of insulin for the treatment of diabetes mellitus in 1922 was followed by a succession of other valuable remedies, each requiring the aid of the laboratory for its optimal therapeutic efficiency and the avoidance of the results of overdosage or undesirable toxic effects. Such therapeutic agents include liver extract for the treatment of pernicious anemia, anti-thyroid drugs (thiouracil and its modifications); the various other chemotherapeutic substances (the sulfa compounds, gold salts, etc.); the antibiotics, blood transfusion, and the anti-coagulants (dicumarol, heparin). There is not a branch of medicine, therefore, which does not have need at one time or another for information obtainable from the laboratory.

While the indications for the various tests in common use have become just as much systematized as the indications for examinations by the x-ray, the multiplicity of the procedures and their practical applications tend to be confusing to persons unfamiliar with clinical pathology.

In an attempt to bring some order out of apparent chaos in this regard, the following tables, summarizing the laboratory examinations commonly performed, are presented.

Dr. Watson is clinical pathologist at the Victoria Hospital, London, and professor of pathological chemistry, Faculty of Medicine, University of Western Ontario.

Hematological Data

Tests	*Normal Values*	*Pathological Significance*
Hemoglobin	Adult males— 90 to 115% (av. 100) 14 to 18 gm. (av. 16) Adult females— 80 to 100% (av. 90) 12 to 16 gm. (av. 14) Infants—(1 day to 2 wk.) 100 to 160% (av. 120) 15 to 25 gm. (av. 20) Infants—(2 wk. to 6 mo.) 75 to 130% (av. 100) 12 to 20 gm. (av. 15) Children—(6 mo. to 2 yr.) 65 to 100% (av. 80) 9 to 15 gm. (av. 12)	Decreased in the anemias. Increased in polycythemia and hemoconcentration (shock, burns, heart failure). Decreased in hemolytic disease of the newborn (erythroblastosis.)

Tests	*Normal Values*	*Pathological Significance*
Red blood cells (erythrocytes)	Adult males—5 to 6 million per cu. mm. Adult females—4.5 to 5.5 million per cu. mm. Infants—about 7 million per cu. mm. at birth; gradual drop to adult figure at 15th year.	Decreased in the anemias. Increased in polycythemia and hemoconcentration (shock, burns, heart failure).
Color index	0.85 to 1.0	Low in iron-deficiency and hemorrhagic anemias. High in pernicious anemia.
Red cell volume (hematocrite reading)	Average 45% packed red cells	Reduced in the anemias. Increased in polycythemia.
Cell volume index	0.85 to 1.15	Decreased in iron-deficiency anemia. Increased in pernicious anemia.
White blood cells (leukocytes)	5,000 to 10,000 per cu. mm.	Increased in many infectious and inflammatory conditions and in the leukemias. Decreased in agranulocytosis, aplastic anemia, and aleukemic leukemia.
Differential white cell count	Neutrophils—55 to 70% Mature forms—52 to 65% Young forms—3 to 5% Lymphocytes—20 to 30% (up to 50% in children) Monocytes—3 to 10% Eosinophils—2 to 4% Basophils—0.5 to 1% Myelocytes—0 Myeloblasts—0	Increased in many infections. Decreased in agranulocytosis Increased in lymphatic leukemia, infectious mononucleosis, and whooping cough. Increased in many allergic conditions. Present in myelogenous leukemia.
Peroxidase reaction	Lymphocytes have no granules; monocytes have a few and cells originating in the bone marrow (e.g., neutrophils and myelocytes) have many.	Useful in distinguishing acute lymphatic leukemia from acute myelogenous leukemia.
Reticulocytes (young r.b.c.'s)	0.5 to 1.5% of all red blood cells	Increased in p.a. following liver therapy (temporary) and in hemolytic jaundice (persistent).
Red cell fragility (blood fragility test)	Hemolysis begins at 0.44 to 0.42% NaCl Hemolysis complete at 0.34 to 0.30% NaCl	Fragility increased in hemolytic jaundice; decreased in obstructive jaundice.
Sedimentation rate (Westergren method)	Men—1 to 10 mm. in 1 hr. Women—1 to 15 mm. in 1 hr.	Increased in infections and inflammatory conditions and in many organic diseases.

Tests	*Normal Values*	*Pathological Significance*
Blood platelets (thrombocytes)	200,000 to 400,000 per cu. mm.	Low in thrombocytopenic purpura and acute leukemia.
Bleeding time	1 to 3 minutes	Prolonged when platelets reduced (as in thrombocytopenic purpura).
Coagulation (or clotting) time	5 to 10 minutes (test-tube method) 1 to 5 minutes (capillary tube method)	Prolonged in hemophilia; also after heparin administration.
Clot retraction test	Complete and perfect in 24 hours	Delayed and imperfect in thrombocytopenic purpura (deficient platelets).
Prothrombin	Prothrombin clotting time—15 to 30 seconds. Prothrombin—85 to 100%	Prothrombin clotting time increased and percentage decreased after dicumarol administration and in obstructive jaundice.
Blood groups (or types)	O (IV) 45% of individuals A (II) 40% of individuals B (III) 10% of individuals AB (I) 5% of individuals Rh positive 85% of individuals Rh negative 15% of individuals	Essential to determine before transfusions. Important in pregnancy and certain conditions involving the newborn; also in persons receiving repeated transfusions.

Clinical Blood Chemistry

Values are expressed in terms of milligrams per 100 cc. of whole blood, plasma, or serum, unless otherwise noted.

Tests	*Normal Values*	*Pathological Significance*
Bromides	0.0 to 1.5	Markedly increased in bromide poisoning (100 or over).
Bilirubin	0.1 to 0.5	Increased in jaundice. Zone of latent jaundice is 0.5 to 2.0 and zone of clinical jaundice is above 2.0.
Calcium	9 to 11	Reduced in hypoparathyroidism and sprue (tetany). Increased in hyperparathyroidism.
CO_2 combining power	55 to 75 vol. %	Reduced in acidosis (e.g., diabetic coma). Increased in alkalosis (e.g., pyloric obstruction with persistent vomiting).

Tests	*Normal Values*	*Pathological Significance*
Chlorides (as NaCl)	450 to 550 (whole blood) 550 to 650 (plasma)	Reduced by vomiting, starvation, and after gastro-intestinal surgery. May be increased in nephritis.
Cholesterol	140 to 200	Increased in hypothyroidism, diabetes, and nephrosis. Decreased in hyperthyroidism.
Creatinine	1 to 2	Increased in severe nephritis.
Icteric index	4 to 6 units	Increased in jaundice.
Iodine, total organic	4 to 8 gamma % 2 to 5 gamma %	Increased in hyperthyroidism.
Non-protein nitrogen	25 to 35	Increased in nephritis, urinary and intestinal obstruction.
Phosphatase Alkaline Acid	2 to 4 Bodansky units (adults), 5 to 15 units (children), 5 to 15 King-Armstrong units 1 to 3 King-Armstrong units	Increased in certain disorders of bone—e.g., Paget's disease, hyperparathyroidism, malignant metastases, healing fracture and in biliary obstruction. Increased in cases of cancer of the prostate with metastases to bone.
Phosphorus	2 to 4 (adults) 4 to 6 (children)	Increased in severe nephritis and some cases of rickets. Decreased in conditions in which serum calcium is increased.
Potassium	16 to 22	Increased in Addison's disease (severe). Decreased in diabetic coma.
Plasma proteins Total Albumin Globulin Fibrinogen A:G ratio	 6.5 to 8.0% 4.0 to 6.0% 1.2 to 2.3% 0.3 to 0.6% 1.5 to 2.5:1	Decreased as a result of marked and prolonged albuminuria, liver derangement, and starvation. Increased in certain conditions associated with hyperproteinemia. Low as result of albuminuria and liver disease.
Sodium	315 to 340	Reduced in Addison's disease and in conditions in which the chlorides are low.
Sugar (glucose or dextrose)	80 to 120 (fasting) 120 to 160 (p.c.)	Increased in diabetes mellitus. Reduced in Addison's disease, liver disease, starvation, and hyperinsulinism.
Urea	25 to 40	Increased in nephritis. Decreased in pregnancy.

Tests	*Normal Values*	*Pathological Significance*
Urea Nitrogen	10 to 15	Increased in nephritis. Decreased in pregnancy.
Uric acid	1 to 4	Increased in nephritis and gout.

Kidney Function Tests

Tests	*Principles*	*Normal Values*
Concentration test (Volhard and Fahr)	Based upon the specific gravity of the urine during the day and night with restricted fluid intake.	Specific gravity of at least one sample should reach 1.025 or higher.
Concentration test (Fishberg)	Based upon the specific gravity of 3 specimens of urine voided at hourly intervals in the a.m. after fluid restriction.	Specific gravity of at least one specimen should be 1.025 or higher.
Dilution test (Volhard and Fahr)	A test of the water excretory function of the kidneys.	1000 to 1200 cc. urine should be excreted in first 4 hours. Specific gravity should drop to 1.003 or less. Specific gravity of night urine should exceed 1.015.
Dilution test (Fishberg)	Primarily a measure of the blood supply of the kidneys.	First-hour specimen about 400 cc. with specific gravity 1.001 to 1.003. Thereafter less vol. and higher sp. gr. with about 100 cc. at 1.012 to 1.016 at the fourth hour.
Insulin Clearance test	A measure of glomerular filtration rate. Insulin apparently not excreted by tubules or reabsorbed by them.	Calculated on the basis of body surface area; rate of glomerular filtration is 120 to 140 cc. per min.
Mosenthal (2-hour specific gravity-volume test)	Based chiefly upon variations in specific gravity of 2-hour specimens during the day and volume and sp. gr. of night urine.	The difference between the highest and lowest sp. gr. not less than 9 points. The highest sp. gr. for the 2-hour day specimens will be 1.018 or more. The night urine is 250 to 400 cc. with a sp. gr. of 1.018 or above.
Phenolsulphonphthalein test (1-2 hour method)	The dye is eliminated by glomerular filtration and tubular excretion.	Both kidneys: 40 to 60% in 1st hour; 20 to 25% in 2nd hour (total 60 to 85%). Kidneys separately: First appears in 3 to 5 minutes after intravenous injection.
Urea Clearance	The excretory function of the kidney with special reference	The average normal adult excretes the amount of urea con-

Tests	*Principles*	*Normal Values*
	to urea is measured by a comparison of the concentration of this substance in the blood with that in the urine.	tained in 60 to 95 cc. of blood per minute (average 75 cc.).
Urea Concentration Factor	A measure of the ability of the kidney to concentrate the urine with special reference to urea.	Normal average—80.
Urea Concentration test	A test of the ability of the kidney to concentrate the constituents of the urine with particular reference to urea.	Urea attains a concentration of 2% or more in at least one specimen providing the volume of urine does not exceed 120 cc. in the 1st hour or 100 cc in the 2nd and 3rd hours.

Liver Function Tests

Tests	*Principles*	*Normal Values*
Bromsulphalein test	Bromsulphalein after intravenous injection is excreted almost entirely by the liver, mere traces appearing in the urine.	½ to ¾ hr. after the intravenous injection of 5 mg. per kg. not any or no more than a trace of the dye remains in the plasma.
Cephalincholesterol test (Hanger)	This test depends upon the capacity of the blood serum in cases of parenchymal liver disease to flocculate a suspension of cephalincholesterol emulsion.	Under normal conditions no flocculation occurs. More valuable in the diagnosis of chronic than of acute liver disease.
Thymol Turbidity test	The alteration in the plasma proteins in parenchymal liver disease causes precipitation of a solution of thymol.	Normally no turbidity occurs. More valuable in the diagnosis of acute than of chronic liver disease.
Takata-Ara test	May depend upon a change in the constitution of the serum proteins without necessarily a change in the A:G ratio.	Usually negative.
Galactose Tolerance test	The liver is the only organ which can convert galactose to glycogen and store it.	Normally not more than 3 gm. of galactose are excreted in the urine during a 5-hr. period following the ingestion of 40 gm. of galactose.
Hippuric Acid Synthesis test	Based upon the capacity of the liver to conjugate glycerine and benzoic acid into hippuric acid with elimination of this substance in the urine.	In the oral test, the excretion of 3.0 to 3.5 gm. in the 4-hr. urine. In the intravenous test the excretion of 0.7 gm. in the 1-hour urine.

Tests	*Principles*	*Normal Values*
Lactic Acid tolerance test	Lactic acid from the breakdown of glycogen in muscles and escaping combustion is reconverted into glycogen by the liver.	Increase of 15 to 24 mg.% above fasting level. Peak reached in 5 min. returning to normal within 30 min.

Investigations of Carbohydrate Metabolism

Tests	*Principles*	*Normal Values*
Standard 1-dose 2-hour Sugar Tolerance test	A test of the ability of the organism to store and utilize ingested dextrose.	The fasting blood sugar is normal. After the ingestion of the dextrose the blood sugar returns to normal within 2 hrs. The maximum blood sugar should not exceed 180. No glycosuria.
Two-dose, 1-hour (Exton-Rose) Tolerance test	Based on the principle that the more sugar that is given to a normal person, the more they utilize.	Blood sugar level of 60-min. sample is less than, equal to, or does not exceed the 30-min. sample by more than 10 mg.%. No glycosuria.
Intravenous Sugar Tolerance test	Obviates the possibility of impaired absorption from the digestive tract.	Blood sugar reaches the normal fasting level within 1 to 1½ hr.
Insulin Sensitivity test	A test of the activity of insulin to promote the withdrawal of glucose from the bloodstream following ¼ unit per kilo. body weight.	Blood sugar falls about 45 mg.% lower 1 hr. after ingestion of dextrose with insulin than with dextrose alone.

Tests of the Spinal Fluid

Tests	*Normal Values*	*Pathological Significance*
Color and Appearance	Clear and colorless (like water). May be slightly blood-tinged from needle trauma. No clot.	Cloudy, turbid, or grossly purulent in meningitis. Bloody or yellow when hemorrhage involves central nervous system.
Pressure	Adults—100 to 200 mm. water (patient lying down). —200 to 300 mm. water (patient sitting). Children—50 to 100 mm. water (patient lying down).	Increased in meningitis, edema of the brain, hemorrhage, neurosyphilis. Decreased in shock, dehydration, and spinal canal block.
Cell count	1 to 10 per cu. mm (lymphocytes)	Increased in the various types of meningitis; poliomyelitis, neurosyphilis, and encephalitis. Pus cells predominate in the acute

Tests	*Normal Values*	*Pathological Significance*
		bacterial processes. Lymphocytes are found in tuberculous meningitis, poliomyelitis, and neurosyphilis.
Protein	15 to 45 mg. per 100 cc.	Increased in those conditions with an increased cell count (see above). Increased also in spinal cord tumor, caries of the spine, and in infectious polyneuritis.
Colloidal Gold test	0000000000	5554321000 Paretic type curve. 0244310000 Luetic or tabetic type curve. 0000245520 Meningitis type curve.
Sugar	45 to 70 mg. per 100 cc.	Increased in diabetes, epidemic encephalitis, uremia, and sometimes in brain tumor. Decreased in acute meningitis, tuberculous meningitis, and insulin shock. Normal values are generally found in neurosyphilis.
Chlorides	Adult—720 to 750 mg. per 100 cc. Child—625 to 760 mg. per 100 cc.	Definitely low in tuberculous meningitis. High values may be found in uremia.

Summary of Some Miscellaneous Procedures

Tests	*Normal Values*	*Pathological Significance*
Gastric Analysis Free HCl Total Acidity	Fasting—5 to 20 degrees After test-meal, without histamine 25 to 50°; with histamine 50 to 70°. Fasting—15 to 45 degrees. After test-meal, without histamine 40 to 65°; with histamine 65 to 90°.	High when gastric or duodenal ulcer present. Low or absent with gastric carcinoma. Always absent in pernicious anemia.
Urinary Diastase	10 to 30 units	Increased in pancreatitis (especially acute) and tumors of the pancreas.
Urobilinogen and urobilin —in the urine	Normally a small amount present—up to a dilution of 1 in 20 with the Wallace and Diamond method.	Increased in liver disease, hemolytic jaundice, and intestinal obstruction. Absent in obstructive jaundice.

Tests	*Normal Values*	*Pathological Significance*
—in the feces	Normally present	Increased in hemolytic jaundice. Decreased or absent in obstructive jaundice.
Congo Red test	Less than 40% of the congo red disappears 1 hr. after its intravenous injection.	This is a test for amyloidosis and when this is present more than the normal amount of the dye disappears from the blood.
Paul-Bunnel test	Agglutination of sheep corpuscles in dilutions of serum up to 1:16.	This is a test for infectious mononucleosis in which condition agglutination occurs in high dilutions.
Basal Metabolic Rate (B.M.R.)	+15% to —10%	High in hyperthyroidism (toxic goitre, thyrotoxicosis), and leukemia. Low in hypothyroidism (myxedema, cretinism).
Ascheim-Zondek and Friedman tests	These tests are useful in differentiating cessation of menses due to disease condition and pregnancy. Also in differentiating an enlargement of the uterus (fibroids) and pregnancy. Hydatiform mole and chorionepithelioma give positive results. As a test for pregnancy it is about 98% accurate.	

Ward Organization

ELLEN W. EWART

Average reading time — 4 min. 24 sec.

AS THE WARD organization at the Mountain Sanatorium, Hamilton, has been built up by the staff, it was considered advisable to study it as a staff project. Each supervisor was asked to submit a paper on the subject and this material was then summarized. This article summarizes the results of our project. In organizing any program the following points are essential:

1. Practicability of the plan.
2. Utilization to best advantage of the available facilities.
3. Active participation of all persons concerned in developing the method of organization.

Miss Ewart is superintendent of nurses at the Mountain Sanatorium, Hamilton, Ont.

These objectives have been carried out in the organization of the wards in the Mountain Sanatorium and the principles may be adapted to any situation.

Everyone has ideas, especially those persons who work in a given situation. Before any changes are made the supervisor on each ward is asked to submit her ideas, in writing, for consideration. The best points of each submitted suggestion are used and a compilation of these is then submitted to the group at the charge nurses' meeting which is held at weekly intervals. It serves as a clearing-house and is also the medium for exchange of ideas. Thus it keeps the charge nurses in close contact with the administrative side of the nursing department. When any new

procedure or form is decided upon, it is not made permanent at once. It is tried out in a temporary form for a period of possibly six months. In actual practice improvements are made as we go along and more forms stencilled until they have been perfected through use. They are then made permanent and given a form number.

In any institution it is conducive to better working conditions if there is uniformity. In organizing the wards this has been carried out as much as possible with the existing differences in the physical plan of the buildings. As an example—All supplies used for patient hygiene in the care of sputum are kept in the same section of the cupboard on all the floors of each building. The same is true of staple supplies—groceries, stationery, etc. This arrangement overcomes that feeling of strangeness and bewilderment which may and does occur when the nurse is confronted with different arrangements on various floors.

The charge nurse's desk is organized for convenience and speed in locating the required forms. The same forms are kept in the same folders in each drawer:

Drawer I right, Folder I—daily census sheets, daily meal reports, daily diet slips, daily bread order.

Folder II—pass records, permit for evening visiting, patients' leave slip, patients' discharge slip, patients' transfer slips.

A plan of the desk is typed and placed under the glass cover on the charge nurse's desk, so anyone coming in to the station will be able to find the required forms. There is one folder in which each article is listed with the corresponding form number. All stationery is ordered by form number.

For convenience, and also to eliminate unnecessary and outdated material on the bulletin boards, the arrangement of the material on the boards is made in a similar manner. The ward plan, ambulance list, daily time sheet, bath record, and work sheet, which shows the detailed extra duties of various nurses and those going to first and second meals, are kept in the same location on the various floors. These forms eliminate verbal explanation. This saves time and makes for smoother functioning of the ward.

On each ward there is the doctors' order book, temperature book, day and night report book, narcotic record and a ward record book. This latter contains much data, such as reports of various tests, the religious denomination of each patient on the floor, a detailed outline of contents of each cupboard, and requisition for repairs.

The medicine lists are kept on chart backs—the day medications on a white form, night medications on a pink form. These lists are revised once each week and are checked by the physician monthly to avoid medications being carried on over too long a period of time.

The procedure book is a mine of information and contains data on all branches of the work—preparation of the patient for various diagnostic procedures, the procedure to be followed for various laboratory tests and nursing procedures, routine duties for the charge nurse, the night nurse, orderlies, and many other daily occurrences which otherwise might present a problem.

Supplies are requisitioned each Thursday and delivered from the warehouse the following Wednesday morning.

Drugs are requisitioned daily—Monday to Friday—from the pharmacy which is in the charge of a graduate pharmacist. The pharmacist supplies each ward with a folder which contains literature on new drugs, which she keeps up to date.

* * *

In the ward organization our objective is to achieve a uniformity which is adaptable to the different ward conditions, and which does not rob the supervisor of all her individuality. The old axiom of "a place for everything and everything in its place" is our motto which we strive to observe in our daily work.

Institutional Nursing

A Swedish Chair

EILEEN C. FLANAGAN

Average reading time — 4 min. 36 sec.

FOR THE PAST two years we have used this chair in the Montreal Neurological Institute, with excellent results. The chair was copied from the original and made for us by the Royal Victoria Hospital engineering staff. They added a very important modification—a spring on the arms allowing them to be turned down, making it very much easier to get the patient in and out.

We have found it perfectly practicable to use this chair for almost any type of our patients, either neurological or neurosurgical, and fully agree with these findings.

The ability to take the patients to the regular toilets certainly is a great comfort to the patients and also contributes a great deal to the amenities of the wards.

The following description of the circumstances surrounding the introduction of this special contrivance is a translation from the original article written in Swedish. The translation was published in *The Lancet*, in October, 1947. The authors were Dr. G. Bohmansson, professor of surgery, *hon. causa*, and Dr. H. Malmros, physician-in-chief, of the Central Hospital, Orebro, Sweden.

Revolt from the Bed-pan and the Enema

Man is so constructed that defecation is best effected in a sitting posture with drawn-up knees, so that the abdominal muscles can come into play. It is, therefore, unphysiological to defecate while lying down.

In 1938 one of us drew attention in a lecture to the unnecessary giving of enemas in our hospitals, and showed that at one hospital about 60,000 were administered in about 160,000 attendance days. Enema treatment to such an extent at our hospitals is liable to give patients the impression that the healthy ought also to have recourse to enemas if they do not have a daily evacuation. Patients with chronic constipation often admit that their constipation started in hospital, where they received enemas, and that they subsequently felt obliged to continue them.

When we tried to limit or discontinue the use of enemas, we met with strong resistance from both nurses and patients. The patients regarded the omission of enemas as a manifest lack of proper care and the nurses at first took up almost the same attitude. It was clear that some substitute would have to be found for the enema, and that the superstitious belief in the necessity of daily evacuation would have to be dispelled.

Model of chair

Early getting up after operations has long been practised in our surgical department as a prophylactic against thrombosis and a means of shortening the period of disease and convalescence. As *The Lancet* points out: "A not uncommon way to die is from cardiac syncope or pulmonary embolism while on the bed-pan." Lying down is no protection against such fatal complications, but, if anything, the opposite. One of our assistants, Dr. M. Felländer, has analyzed the surgical department's statistics of thromboses and pulmonary emboli in patients not prophylactically treated with heparin or dicumarol, and finds a death-rate from pulmonary embolism of 0.14 per cent in 36,789 cases.

To encourage spontaneous emptying of the bowels in a way which would suit the convenience and susceptibilities of the patients, an endeavor was made to arrange for the act of defecation to take place in a sitting position with knees drawn up and in privacy, for many people feel strongly that they should be alone in this situation. One of us, therefore, designed a portable chair that could be wheeled up to the bedside and then, with the patient on it, pushed out to the toilet and arranged over the basin there.

Advantages and Indications

This arrangement obviates the necessity for the patient to move himself and possesses the following advantages:

1. Defecation takes place in a sitting posture and in privacy.
2. Offensive odor in the ward is avoided.
3. Cleansing of bed-pan and portable closet-pails may be eliminated.

The experience gained during the past eight years has enabled us to widen more and more the indications for the use of the portable toilet chair. Patients and nurses are extremely satisfied, and bed-pans are used only by the patients who have to lie down all the time—e.g., those with fractures of the lower extremities in extension, large hip plasters, paresis of the lower extremities, and moribund patients.

Newly delivered women and patients who have undergone cholecystectomy, gastric resection, or operation for vaginal prolapse are allowed to use the chair one or two days after the operation. Fever is no contraindication, provided the toilet is kept well heated. The non-compensated heart is undoubtedly strained far less when evacuation takes place in a sitting posture than lying down. Enemas and bowel washings are practically eliminated. No increased tendency to hernia, heart-failure, or pulmonary embolism has been observed. No death that can be laid to the account of the method has taken place during these years.

The relief in routine work that the portable toilet chair brings is considerable. Nurses are as satisfied as the patients, who have no words to describe their delight at escaping the bed-pan. Naturally, a patient who is seriously ill should not be left alone in the toilet, but he or she can be assisted there by the nurse just as well as when in bed. The toilets must be made somewhat wider to allow the nurse to enter and help the patient. An account of the method was published in 1939; it has quickly become popular and is now used in most of the Swedish hospitals.

Two New Cereals

The H. J. Heinz Company of Canada, Ltd., has chosen the occasion of its fortieth anniversary in Canada to introduce two distinctly new cereals for babies. Both cereals—Heinz Precooked Cereal Food and Heinz Precooked Oatmeal Mixture—are the result of years of research and represent ideal foods for young Canadians.

Heinz Precooked Cereal Food has added quantities of di-calcium phosphate and calcium carbonate to assist in the building of strong teeth and straight bones. Iron also has been added for healthy blood and certain members of the vitamin B complex are included in this already superior formula. Both cereals were available in June.

Private Duty Nursing

Early Ambulation

JESSIE G. MORRISON

Average reading time — 8 min. 48 sec.

THOSE OF US who have been engaged in nursing over a period of years can still look back with a shudder to the time when we had to record on a patient's chart:

Made Mrs. Brown comfortable for the night. Later, hearing a slight noise coming from her room, I went in immediately and found her walking across the floor. She said she was looking for the bathroom. Returned her to bed. Notified the night supervisor and Dr. Blank.

Mrs. Brown's daring walk would be the subject of conversation for days. Perhaps she had had a hysterectomy a couple of days before but, being a lady with a mind of her own, when she got tired lying in bed she got up. Strangely enough, despite all our fears of the consequences, nothing untoward happened to Mrs. Brown.

Today, it is commonplace to find patients very shortly after almost any operation promenading gently along the ward. What has lead to this change in practice? What is meant by early ambulation and what effects has it had on the patient's recovery?

As long ago as 1899, Emil Reis of Chicago published a paper in the *Journal of the American Medical Association* reporting excellent results in a series of cases whom he compelled to walk on the first to third day post-operatively. It appears he adopted the idea after observing that children and animals began to move and stand upright immediately the effects of the anesthetic had worn off and that they suffered no ill-effects as a result of this voluntary exercise.

As is customary with any startlingly different pioneer movement, the new teaching met with sharp opposition from both the medical profession and the laity. Further attempts to popularize this early rising were made in 1907-08 but at that time the idea took root in South America and Spain only. It was not until some dozen years ago that serious consideration was given to early ambulation in the United States and Canada.

What is meant by early ambulation? Dr. Calloway defined it in an article in *Hospitals*, July, 1947, as: "Exercising the patient beyond what is customary in convalescence, following operation or other illness." Studies on the subject are divided into three periods or phases:

1. Passive acceptance by the medical profession.
2. Comprehensive observation of the effects.
3. Intensive, well-controlled study of exercise as a physiological stimulant.

The first period showed no higher mortality, no increase in the incidence of wounds opening. Science had progressed to the point where the possibility of infection was not feared as it had been in 1900. The anatomical and physiological principles of repair were well known.

The second phase of early ambulation showed an actual decrease in the incidence of two of the most dreaded post-operative complications: venous thrombosis and the sequelae

Miss Morrison, who is presently with the D.V.A. in Edmonton, was until recently the instructor in the Montreal School for Nursing Aides.

leading to a fatal embolism; respiratory complications terminating in fatal pneumonia. Furthermore, to the great surprise of the patients themselves, they felt better much more quickly.

The third period has been highlighted by some of the amazing discoveries of the past decade. Chief among these we should list:

1. The discovery and development of the sulfonamides.
2. The discovery and development of the antibiotics.
3. Improvements in anesthetics and the means of administering them.
4. The means of adjusting the fluid balance via the intravenous route.
5. Improved operative and medical techniques.

Studies which have been made point to four factors which have contributed largely to prolonged convalescence:

1. The extent of the surgery.
2. The anesthetics used.
3. The post-operative starvation.
4. The actual stay in bed.

Bed-rest alone, without any other events, is likely to cause a variety of untoward reactions in any patient. Normal persons who, as an experiment, were placed completely at rest in bed underwent definite changes. Both the nitrogen and calcium balances became negative. The blood volume decreased from 10 to 20 per cent and the heart's capacity was diminished. There was also an increased loss of vitamins. These results occurred when well persons, kept in bed, were fed a balanced diet which would have been adequate when they were up and around. They acquired tremor of the muscles and the time required for a muscle to return to its resting condition was greatly lengthened.

The present day program shows modified calisthenics, walking, and pre- and post-operative planned weightlifting as being decidedly beneficial to the patient. It is interesting to note that there is no suggestion that this new pattern should replace good nursing care and an adequate, balanced diet. Obviously, it is not a case of saying "get up and walk." There are many complex problems of readjustment where both the nurse and the physiotherapist have definite roles to play.

Exercises are prescribed by the attending physician or surgeon, and planned carefully by the physiotherapist to meet the particular needs of the individual patient. Certain general toning exercises are basic and can be carried out by any bed patient. Others must meet special needs—for instance, nerve repairs, different types of fractures.

The general toning exercises begin immediately, while the patient is in bed. A few examples may be summarized briefly as follows:

1. Securing complete relaxation—all restraint from confining bed clothes, especially over the feet, should be removed.
2. How to assume correct bed posture.
3. Exercises for unaffected parts—deep breathing; alternately tensing and relaxing of muscles.
4. Raising and lowering of limbs, alternating with complete relaxation.

The physiotherapist instructs the patients and supervises their first efforts to be sure that they have grasped the principles of the exercise. Then she turns them over to—yes, you guessed right the first time—the nurse, of course! What a morning of exercises can do to neat, tidy beds has to be seen to be believed. Gone are the days when a nurse made a beautiful, tight bed, carefully tucking the covers in at the bottom!

For an ordinary, uncomplicated appendectomy to rise on the evening of his first day, certainly by the second post-operative day, is usual. More extensive abdominal surgery, uncomplicated, will get up a day or so later. Gastrectomies (uncomplicated) are usually up the fourth day, though of course individual surgeons differ in their routine.

A natural query arises—how can

this possibly add to the nursing load? If patients are up and around, they cannot require as much care. We have noted above, however, that early ambulation does not replace good nursing care. Rather, on the contrary, patients will require even more of it. The early rising regime adds to the nursing load in several ways. Let us enumerate a few of them:

1. Checking the patients to be sure that they carry out their exercises, emphasizing constantly the necessity of consistent effort and the great benefit it can be.

2. Interesting the nursing staff in encouraging the patients to carry out their assignments.

3. Assisting patients, who are still quite ill, in and out of bed several times a day and watching their reactions closely. Patients, like young babies, are really much less trouble when they "stay put."

4. Trying (I use the word advisedly) to keep the appearance of the ward even an approximation of what we have been taught to believe necessary for smartness and efficiency. The neatly made bed, so dear to the heart of every nurse, is rapidly becoming a thing of the past.

5. The turnover of patients has been greatly accelerated. This means more patients are entering hospital and receiving surgical and medical attention. Thus, nurses today are constantly caring for patients who are acutely ill. There is not the lull or period of slackness we used to know when we tried to get extra cleaning or odd jobs done before the next wave of patients rolled along. I have been told of a busy general hospital whose administrative staff feel they cannot utilize, to any appreciable degree, the facilities of a convalescent hospital because of the extra load the resulting greater turnover in patients would place upon their nursing staff.

I shall not discuss in detail the great benefits the patient enjoys from this new regime. Some of the results include: fewer bladder complications, spontaneous micturition, less abdominal distention, active peristalsis, exercising of bathroom privileges with the attendant emancipation from the hated bed-pan. Moreover, there are some not inconsiderable economic factors which are distinctly beneficial to the patient and actually speed his recovery—the shorter stay in hospital, the earlier return to work and to earning.

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Dental Caries

It is necessary to distinguish between nutrition that forms teeth and nutrition that forms teeth *that do not decay*. Teeth of a sort will develop and erupt on almost any diet that allows the individual to survive. Teeth that will also resist the forces of decay have far more stringent dietary needs. Most of us achieve full sets of twenty deciduous and thirty-two permanent teeth (if wisdom teeth erupt). Few are the people who never experience a cavity. Lucky souls they!

It is a common belief that refined sugars are more conducive to the maintenance of caries activity than are those same sugars when naturally present in foods. Since both forms are chemically identical, such a difference in biological action would have to be attributed to some inhibitory material in the foods. No such agent has yet been demonstrated.

—*Nutritional Observatory*

A philosopher is one who learns less and less about more and more, until he knows nothing about everything. A scientist is one who learns more and more about less and less, until he knows everything about nothing.

* * *

The measure of your vision is the measure of your success.

The only impartiality possible to the human mind is that which arises from an understanding of neither side of the case.

* * *

You can take no credit for beauty at sixteen. But if you are beautiful at sixty, it will be your own soul's doing.—MARIE STOPES

Public Health Nursing

Child Health Conferences in Rural Areas

MARGARET BRANCH

Average reading time — 2 min. 48 sec.

AS THE ONLY public health nurse engaged in a county service in our area, I find I have to do some careful planning in order to reach as many mothers as possible. Much can be accomplished by having child health conferences and these are greatly appreciated, judging by the large attendances each month. It is unfortunate that so many of them must be held in schools due to the fact that there are so few halls in rural areas. Unless the school is fairly large, regular classwork will be disrupted while the conference is in session. However, many new schools are being built where there is usually an auditorium that can be utilized.

In order to organize a new conference, a general meeting of all the women in that particular district is held. The purpose of the conference is explained. Usually much discussion follows and then the date is set. Succeeding conferences are held at the same time and on the same day each month. Sometimes an all-day conference will be held if there happens to be a hall in the vicinity. Necessary equipment is purchased, money being raised by various means such as penny sales, bazaars, etc. Tables are procured, cupboards are made, and bathroom scales bought. Supplies such as alcohol, iodine, absorbent cotton, and paper towels are procured, as well as a quantity of appropriate literature.

Miss Branch is a public health nurse with the New Brunswick Department of Health.

At these conferences the babies are weighed and their formulae checked. They are immunized against pertussis and diphtheria. The aid of voluntary workers is enlisted, usually women who are members of women's institutes or some other club or organization.

The women have many individual problems which are discussed. Often a talk is given at the beginning of the conference on some topic pertaining to health with the result that many questions are asked. Sometimes the director of nutrition, who is a medical doctor, is present and a medical examination of the babies is made. A simple food demonstration is sometimes set up. There has been much interest displayed in this part of the program. Through these conferences many prenatal patients are reached and much teaching can be done which will eventually be beneficial to the unborn child.

I think these conferences are the most interesting part of my work. I look forward each month to meeting the mothers and children again. It is most gratifying to see the interest they take and the efforts they make to attend the conference. The lines of a poem written by Joyce Kilmer often come to my mind. I think of them as a great challenge which can aptly be applied to my work as a public health nurse:

Because the road was steep and long,
And through a dark and lonely land,
God set upon my lips a song
And placed a lantern in my hand.

The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher.—THOMAS HUXLEY

Aux Infirmières Canadiennes-Françaises

Les Problèmes de l'Etudiante

MONIQUE MCKAY

Average reading time — 12 min. 48 sec.

L'ÉTUDIANTE INFIRMIÈRE a un premier problème qui résulte de sa double adaptation à faire: (a) à l'école comme étudiante; (b) à l'hôpital comme apprentie dans le soin du malade.

Auquel de ces devoirs faut-il donner plus d'attention? C'est la question que je me pose tous les jours car je veux devenir une infirmière renseignée et instruite, tout en me donnant entièrement à celui qui dépend de moi pour guérir ou pour être soulagé.

A l'école, chacune de nous arrive avec sa personnalité, ses antécédents, son éducation, ses connaissances, et ses conditions financières; et ceci pour chacune des élèves d'une classe plus ou moins nombreuse.

Pour la jeune fille qui vient de quitter le pensionnat, la réaction ne sera pas le même que pour celle qui, plus âgée, a dû organiser sa vie par elle-même, non plus que pour celle qui a fréquenté un collège ou un externat. La fille unique s'adaptera plus difficilement que l'aînée d'une famille nombreuse habituée à se débrouiller seule. La première réclamera plus d'attention et plus de sollicitude, ce qui sera moins nécessaire à la seconde. La fille unique se sentira souvent perdue dans une classe de cent et quelques élèves et acceptera difficilement de passer inaperçue quand ce n'est pas ignorée (s'entend au sens restreint du mot).

Pourtant, elle est venue dans un hôpital de religieuses pour avoir l'amitié, la direction sympathique, et l'aide nécessaire à la réalisation de ses ambitions.

Le règlement est souvent redouté des élèves! Pour celle qui sort du pensionnat s'il lui offre une transition désirée, il n'est pas moins un règlement. Pour la jeune fille peu habituée à une surveillance étroite, elle se laisse souvent aller à la révolte contre l'autorité et toutes deux cherchent à faire disparaître une entrave, faite pour les aider, mais rarement comprise.

La récréation est nécessaire. Il faut changer d'atmosphère, changer d'idées, même changer d'exercices. A cette fin l'on cherche à retourner dans l'ancien milieu, hors de l'hôpital bien entendu mais où les heures de travail, les heures de cours et, j'ajouterai, les heures de jeu ne correspondent pas aux heures de notre horaire. Et, de là cette situation, fausse pour l'élève qui veut devenir infirmière et qui voudrait conserver le genre de vie de ses anciennes amies. Cette situation est encore plus compliquée pour celle qui entrevoit la possibilité de trouver le prince charmant! Quelle est l'étudiante qui, ayant un ami sérieux, ne s'est pas entendu dire qu'elle ne réussira pas ses études d'infirmières. Il y a peut-être eu des conversations un peu trop prolongées entre internes et infirmières dans les salles d'hôpitaux, mais faut-il en conclure qu'il n'y a jamais eu de mariage heureux et chrétiennement préparé dans l'atmosphère d'un hôpital?

Un autre problème, et celui-là qui favorise beaucoup le développement de complexe d'infériorité, est celui des conditions financières.

Si vous vous arrêtez quelque peu à considérer les élèves d'une école tant soit peu nombreuse, vous trouverez des étudiantes fières de leur avoir et se plaisant souvent à humilier leurs compagnes plus simplement vêtues, fréquentant moins souvent les lieux sportifs ou les théâtres

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Mlle McKay est élève de troisième année à l'Hôpital Ste-Justine, Montréal.

d'opéra, voir même celles qui ne fument pas par économie.

Vous me direz peut-être qu'il y a un bon côté à la chose puisque de cette façon—elles pratiquent l'hygiène enseignée. Mais n'apprend-on pas également que la récréation est nécessaire pour conserver l'énergie et l'enthousiasme requis pour la tâche quotidienne. Ne pourrait-on pas remédier à cet état de chose par des organisations qui, en étant facultatives, ne seraient pas une entrave pour l'élève. Aux heures d'étude et de travail pratique doivent succéder les heures de repos. Chaque élève cherche avant tout à bénéficier elle-même, des moyens qu'on lui a montrés avantageux pour autrui.

L'énorme différence qui existe entre l'enseignement d'une école secondaire et celui d'une école d'infirmières est un problème qui mérite considération. Suivre un programme avec des devoirs assignés, des heures d'études déterminées, et des récitations à faire quotidiennement ne se compare pas avec le curriculum universitaire où chacune doit s'organiser pour faire des lectures, prendre des notes, classifier elle-même son travail de la journée, et faire certaines recherches nécessaires à une formation professionnelle.

Se mettre la tête dans les livres après une journée de travail est d'autant plus difficile que souvent l'infirmière désire rester près du malade à qui elle voudrait donner le plus possible; aussi sa pensée ne la quitte pas, même en classe.

A l'hôpital, il y a l'adaptation au travail et d'autant plus subtil qu'il s'agit de vies humaines; l'adaptation au milieu, ce qui comprend un personnel composé de médecins, de religieuses, d'infirmières diplômées, de compagnes étudiantes, de domestiques, de visiteurs, et l'adaptation à chacun des malades.

La jeune étudiante, qui a déjà connu la surveillance d'un employeur, cherche de préférence le système de collaboration et aura tendance à discuter son plan de travail avec ses directrices. Celle qui change simplement de milieu étudiant acceptera plus facilement et plus aveuglement les directives données. Pourrait-on apprécier ces deux catégories d'élèves à leur juste valeur? en étant pas trop sévère pour la première?

Il incombe aux directrices et surveillantes de service le dur et délicat travail de satisfaire chacune de ses étudiantes — de leur faire aimer leur carrière afin d'en faire de vraies infirmières. Nous pensons bien que ce ne doit pas être chose facile, avec la myriade d'activités qui se présente chaque jour dans un service hospitalier—réception de malade, accidenté ou mourant, rapports aux médecins, administration de médicaments ou traitements, renseignements aux visiteurs. Ce qu'il faut dire—ce qu'il ne faut pas dire. Ce qu'il faut faire et comment le faire! Et, à tout cela, elles doivent ajouter la formation de l'élève qui s'attend à recevoir une direction pour chacune de ses nouvelles expériences. Elle ambitionne de prendre plus de responsabilités mais avec connaissance et capacité. Elle aime se sentir avancer. S'il arrive que la surveillante soit retenue loin d'elle par un travail urgent et nécessaire, l'étudiante se sent négligée et se trouve devant un véritable conflit car elle ne sait pas!

L'on prête beaucoup de qualités à l'infirmière et il lui en faut mais chez l'étudiante ces qualités ne sont qu'en germe et seule elle pourra difficilement les conduire à maturité.

Les médecins et chirurgiens nous considèrent comme élèves—oui—mais ils ne nous tiennent pas moins responsables de notre travail. Il arrive que la crainte d'une erreur nous rend tout au moins maladroites, si non incapables.

La divergence d'opinion au sein du corps médical nous bouleverse et nous rend indécises, faute d'expérience sans doute! Nous nous demandons quelle méthode est la meilleure?

Bref, notre situation d'étudiante infirmière a besoin d'orientation. A ces quelques problèmes j'ajouterai celui de nos relations avec le personnel domestique. Nous sommes

quelquefois tentées de prendre des airs de dirigeantes avec lui, quand nous ne tombons pas dans l'attitude contraire en ne lui demandant pas un service nécessaire. Mais il est tellement migrateur ce personnel adjoint, que souvent l'aide d'aujourd'hui n'est pas celle d'hier, et nous nous trouvons presque continuellement en face d'inconnu à initier.

Nous en arrivons à considérer le patient, celui que nous nous étions représenté avant de le connaître. Impotent, docile, reconnaissant, ne se plaignant pas trop, mettant toute sa bonne volonté à favoriser la guérison, et voilà que nous réalisons que nos quelques connaissances de psychologie sont bien élémentaires et que l'adaptation au malade ne se fait pas par enchantement. L'étudiante, dit-on, doit être adulte auprès de son malade! Il faut qu'elle soit son soutien—émotionnel et moral. C'est bien beau cet exposé, mais comment atteindre ce résultat? C'est ce que se demande la pauvre petite élève qui s'est toujours trouvée sous l'intime dépendance de sa famille et qui aujourd'hui est en face d'un patient qui à l'âge de ses parents quand ce n'est pas celui de ses grands-parents.

Je m'arrête, car j'ai l'impression que vous savez combien l'étudiante mérite votre sympathie, combien elle a besoin de votre aide et de vos encouragements. La tâche n'est pas toute rose. Elle demande du courage, du dévouement, de la grandeur d'âme et c'est justement pourquoi nous l'avons choisie.

A New Teaching Technique—Television

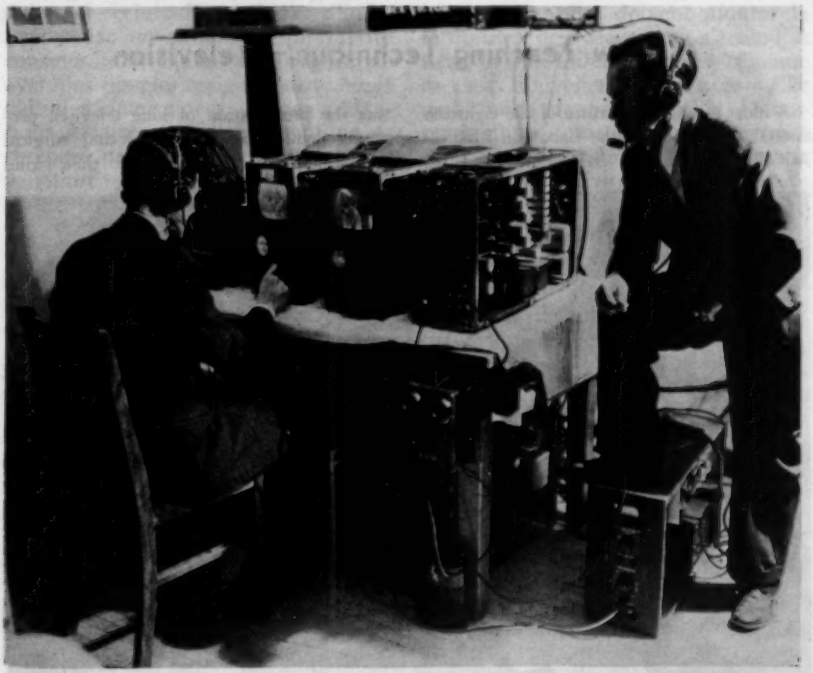
A most interesting feature of the eightieth annual convention of the Canadian Medical Association, held in Saskatoon in June, was the presentation of nine televised programs demonstrating medical and surgical techniques—first programs of their kind

City Hospital nurses, students, and lab. technicians watch the television screen erected specially for their benefit in a top-floor room of the hospital. Those with operating-room experience were amazed at the clarity of the images and claimed they had never had such a "front row seat" even when on the scene.

A TV camera is set up in an improvised studio on the hospital's 4th floor. Tom Grady, producer, explains the Image Orthicon tube to Mrs. J. E. Porteous (left), director of nursing, Saskatoon City Hospital, and wartime Matron-in-Chief, R.C.A.F. Nursing Service, and to Helen Bright, assistant director of nursing, a former Canadian Army nursing sister. The tube, which is valued at upwards of $1,000, converts the optical image (i.e., the scene as viewed through the lens) into an electrical image.

in Canada and the first television experience of the Canadian West.

The programs, which were sponsored by the Squibb pharmaceutical company, originated in Saskatoon's City Hospital, and were viewed by a thousand of the medical profession in private quarters of the convention hotel, one mile away. Program material consisted of six surgical operations and



City Hospital doctors' library becomes the Control Room for the television unit. Chief engineer Tom Shipferling (left) studies the contrast and quality of images sent along special cable from cameras in the operating-room, and controls the amount of signal (comparable to volume in radio). From here, the picture signal is fed to the transmitter control unit. Len Hoskins (right), chief engineer of Saskatoon radio station CFQC, was on loan to the unit as transmitter operator. The intercommunication headsets being worn feature two-ounce microphones. One earphone permits intercommunication among technicians, the other allows them to hear what is being said by person or persons actually broadcasting.

The first surgical operation ever to be televised in Canada—a coccygectomy. Above, an almost typical operating-room scene with two great differences—one visible, one not apparent. The visible difference is, of course, the television camera suspended from a special metal beam. (The camera has three lenses: 50 mm., 90 mm. and 135 mm., allowing a close-up, semi-close-up, or more general view of operating area.) The other difference is that several hundred doctors, comfortably seated approximately one mile away, are viewing this operation and obtaining a perfect view of the surgeon's technique. In addition, they are listening to a running commentary of the surgeon's every move, delivered by a commentator selected by the operating surgeon.

three clinics—medical, tuberculosis, and cancer—and was designed to portray common procedures in the field of medicine and surgery for the benefit of the widest audience of the medical community.

An interesting feature of these programs was the commentator—a surgeon selected by the operating surgeon to give a running commentary on what was actually taking place at the moment. The commentator was located in an improvised studio several rooms removed from the operating-room. He based his remarks upon what he saw on his own special viewing screen placed close by.

Reaction of Canada's medical men to TV as a new educational tool for medicine and surgery was unanimously favorable. Many professed surprise at the clarity of the black and white image. They liked sitting comfortably and at the same time being able to see everything that was going on.

City Hospital nurses played a major role in the television programs. Excellent co-operation was extended the technicians by Mrs. J. E. Porteous, A.R.R.C., director of nursing, Miss Helen Bright, assistant director, and Mrs. A. Fitzpatrick, operating-room supervisor.

Operating-room nurses took part in every television showing, while others had an opportunity to be televised during test transmissions, when technicians were setting up and testing their equipment. It is interesting to note that the first individuals ever to be televised in the Canadian West were three nurses.

According to a C.M.A. spokesman, the association is primarily interested in television as a "new and effective medium for the promotion of medical education in its broadest sense—its potentialities are very great."

—GEORGE W. POWELL

Nursing Profiles

The retirement this month of **Fanny Munroe, R.R.C.,** as superintendent of nurses at the Royal Victoria Hospital, Montreal, will bring to an end an active career of service that began with her graduation from that hospital thirty-five years ago. In these intervening years, Miss Munroe has risen to the top of her profession through her personal attainment and her devotion to her work.

After serving as a head nurse at R.V.H., Miss Munroe enlisted with the C.A.M.C. in 1917 and was posted in Canada and England. Following the war she returned to the R.V.H. until 1923 when she went for a brief period to the Buffalo General Hospital as second assistant in the training school office. She was assistant superintendent of nurses at the Royal Alexandra Hospital, Edmonton, for three years, succeeding to the superintendent of nurses' duties in 1927. She returned to the Royal Victoria Hospital in 1938 to assume the position she is now vacating. During the past eleven years she has brought to this post dignity and charm and the benefit of her broad experience. She is very largely responsible for the maintenance of the high standards of nursing care and nursing education for which this hospital has been justly famed.

Rice, Montreal

FANNY MUNROE

Professional nursing has benefitted widely from Miss Munroe's clear understanding of the issues that have arisen. She was president of the Alberta Association of Registered Nurses for three years and of the Nursing Sisters' Association for two. She has been very active in association work in Quebec and in 1942 was elected second vice-president of the Canadian Nurses' Association. She assumed the presidency of that body in 1944 at a time when the present-day problem of nurse shortage was beginning to assume serious proportions. Her unflagging interest and spirit during her two years in office helped to guide the nursing profession through those difficult days.

Miss Munroe leaves behind her a reputation for ability and service that will not soon be forgotten. She takes with her the affectionate good wishes of her colleagues near and far. She will reside in Rawdon, Que.

Nell V. Beeby became editor and chief executive of *The American Journal of Nursing* on April 1, 1949.

Born in India of missionary parents, Miss Beeby received her high school education in Illinois. A graduate of St. Luke's Hospital School of Nursing, Chicago, she received her baccalaureate degree from Teachers College, Columbia University.

Prior to joining the *Journal* staff, her experience included private duty nursing; supervisor of obstetrical and surgical departments at Hunan-Yale Hospital and School

Bradford Bachrach

NELL V. BEEBY

Rice, Montreal

HELENE LAMONT

LOLA WILSON

of Nursing in Changsha, China; supervisor of St. Luke's Hospital obstetrical department; and, as a war correspondent for the *Journal* in 1945, when she visited nurses in military installations in England, France, and Germany.

Miss Beeby is well qualified for her new post as editor and chief executive as a result of her long experience on the staff of the *Journal* as news editor and from her participation in the many recent progressive changes incident to the now completed reorganization of the *Journal*. From her many contacts at national and state conventions and other professional meetings, she enjoys a wide and favorable acquaintance among nurses and hospital folk.

Lola Wilson took up her duties as assistant registrar with the Saskatchewan Registered Nurses' Association on April 1 this year. Born and educated in Tofield, Alta., Miss Wilson had completed her first year at the University of Alberta before entering the school of nursing of the University of Toronto. She graduated in 1943. In 1947 she received her certificate in school of nursing administration from the University of Alberta.

Miss Wilson has engaged in both private duty and general staff nursing. She was nursing arts instructor and clinical supervisor at Dauphin (Man.) General Hospital and, more recently was superintendent and health director at the Jewish Children's Home and Aid Society of Western Canada in Winnipeg.

A singer of some renown, Miss Wilson has done considerable choral work and choir leadership. Her greatest joy comes from work with 'teen-age groups. She has frequently served as camp nurse in both Ontario and Alberta. She is skilled at handicrafts of various types—leatherwork, weaving, knitting, etc.

Helene Margaret Lamont, who assumes the responsibilities as superintendent of nurses at the Royal Victoria Hospital, Montreal, was born and educated in Saskatchewan. She entered the school of nursing of the R.V.H. in 1935. Following her graduation, she was appointed an assistant in the outpatient department, becoming the supervisor in 1940. In 1944, she was awarded the Mabel F. Hersey Scholarship for post-graduate work in school of nursing administration at McGill School for Graduate Nurses. Returning to R.V.H. as second assistant superintendent of nurses, Miss Lamont was medical supervisor until she returned to McGill last autumn to complete the work for her bachelor of nursing degree. Recently she has completed some intensive study at the Toronto General Hospital, New York Hospital, and Cornell University.

Marie Brigitte Laliberté has been promoted to the position of superintendent of nurses at the Montreal Department of Health after twenty years of service with this organization. Born in Leclercville, Que., Miss Laliberté was educated at the Monastère des Ursulines, Quebec City. She obtained her normal school diploma from Laval University.

Garcia, Montreal

BRIGITTE LALIBERTÉ

She entered the school of nursing of St. Jean de Dieu Hospital, graduating in 1927. The next two years were spent as head nurse at Greystone Park Hospital, New Jersey. Joining the health department staff in 1929, Miss Laliberté became nurse-psychologist in 1931. She pursued her academic studies at the University of Montreal and McGill University, completing the work for her B.S. degree at Columbia University in 1944. She obtained her master's degree there in 1947. For the past few years she has been supervisor of the mental hygiene section of the Montreal health department. Recently, Miss Laliberté was elected French second vice-president of the Association of Nurses of the Province of Quebec.

Completely bilingual, Miss Laliberté will give strong leadership in this important post.

Tony Archer, Vancouver

LOIS GRUNDY

Lois A. (Ginther) Grundy has undertaken the organization of industrial nursing service for the employees of the Robert Simpson Pacific Ltd. in Vancouver. Mrs. Grundy had extensive experience in this branch of nursing when, from 1942 to 1945, she was supervisor of the nurses employed by Wartime Shipping of Canada in the ship-building yards.

A graduate in 1925 of the Vancouver General Hospital, early in World War II, when women everywhere were mobilizing for the roles they could fill best, Mrs. Grundy returned to the profession she had forsaken for marriage fifteen years earlier. First she enrolled as a home nursing instructor with the Canadian Red Cross Society; then she was in charge of their voluntary nursing service division. Soon after, she was called upon to be assistant in charge of nursing care provided at the Japanese re-distribution centre, under the authority of the B.C. Security Commission.

In 1946, Mrs. Grundy was appointed consultant to the Overseas War Wives Committee of the Citizens' Rehabilitation Council of Greater Vancouver. For the most part she found their troubles were trivial or temporary.

Mrs. Grundy has taken an active part in nursing association affairs. She is immediate past chairman of the Vancouver Chapter and is presently chairman of the Greater Vancouver District Association of the R.N.A.B.C. When she finds time for relaxation after she has looked after her husband and daughter, Mrs. Grundy enjoys sketching, painting, and books.

Announcement has been made of the promotion of **Mary E. Nesbitt,** matron of the naval hospital, *H.M.C.S. Naden*, Esquimalt, B.C., to the rank of Lieutenant Commander. A native of St. Stephen, N.B., she graduated from the Royal Victoria Hospital, Montreal, in 1933. During World War II, she saw service in naval hospitals at Sydney, Shelburne, Halifax, Newfoundland, and Ste. Agathe des Monts.

Evelyn Wood has taken up her duties as

superintendent of the Smiths Falls Public Hospital, Ont.

Ella Williamson has retired from active work after more than forty years of service in the nursing profession. Graduating from the General Memorial Hospital, New York, in 1908, Miss Williamson came to Canada in 1917. She nursed in the west for ten years, joining the staff of the Isolation Hospital in Fort William in 1927. In tribute to her long years of service in that institution, Miss Williamson was feted by her friends on her retirement. She was presented with a handsome gold wrist-watch, suitably engraved. After a visit to various communities in the west, Miss Williamson plans to reside in Fort William.

In Memoriam

Nurses in all parts of Canada were shocked and grieved to learn of the sudden death of **Ethel Frances Upton** on June 29, 1949, in Montreal, just three months after her retirement as executive secretary-registrar and official school visitor for the Association of Nurses of the Province of Quebec. Miss Upton was in her sixty-sixth year.

A full account of Miss Upton's splendid contribution to nursing was published on our Nursing Profiles page in the April, 1949, issue. Since her retirement, she had enjoyed a restful holiday in the country preparatory to going to Prince Edward Island where she was to assist the Registered Nurses' Association in the reorganization of their activities following the passing of their new Act. Miss Upton was looking forward to this new challenge with her customary zest and enthusiasm. She had been appointed a member of the Advisory Board of the A.N.P.Q. recently and was contemplating this opportunity to make further contributions to her beloved profession with great pleasure.

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Nellie Gorgas, director of St. Barnabas Hospital, Minneapolis, Minn., who assisted with the workshop program at the C.N.A. convention in Sackville in 1948, passed away on June 3, 1949.

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Florence Henderson, who graduated from the Royal Victoria Hospital, Montreal; in 1897, died at her home in Perth, Ont., on May 29, 1949, after a long illness, in her eighty-second year. Miss Henderson had been lady superintendent of the Royal Victoria Hospital from 1901 to 1908.

Rebecca Hervey, R.R.C., a veteran of World War I, died in Montreal on June 13, 1949, at the age of 75, after a long illness. Miss Hervey had spent most of her professional life in the United States, coming back to Canada when she retired eight years ago.

* * *

Mary Isabella (Gairns) Lester, who graduated from Kootenay Lake General Hospital, Nelson, B.C., in 1922, died in Nelson on May 14, 1949, at the age of 57.

* * *

Charlotte Eileen (Lewis) McPhail, who graduated from Ottawa Civic Hospital, died in White Rock, B.C., on May 26, 1949, at the age of 27. Mrs. McPhail served in Britain and on the Continent with the R.C.A.M.C. during World War II.

* * *

Muriel MacKay, who graduated from the Hospital for Sick Children, Toronto, in 1910,

E. Frances Upton

died at her home in St. Catharines, Ont., on April 17, 1949, after a lengthy illness. Miss MacKay was a pioneer in public health nursing, having joined the school nursing staff in Toronto in 1911. She was appointed superintendent of the Moss Park District of the city health department in 1917. She was among the first to enter the field of industrial nursing. In 1920, she undertook the organization of health services for the Ontario Hydro-Electric Commission and was associated with this body for twelve years.

* * *

Sara MacLean-Nesbitt, who had served as nursing supervisor in an Edmonton hospital and who had maintained a nursing home in New Westminster, died on May 19, 1949, in Goldfield, Ont., in her seventy-ninth year.

* * *

Barbara Peterson, who graduated in England and who had only recently come to Ontario to work, died suddenly on June 15, 1949, at the age of 31.

* * *

Sarah Picken, who graduated from the Winnipeg General Hospital in 1897 and who celebrated her ninetieth birthday on May 16, this year, died in Vancouver on June 4, 1949, following an attack of pneumonia. Miss Picken was the first matron of the Dauphin (Man.) Hospital and established the school of nursing there.

* * *

Agnes Elizabeth (Brownridge) Smith, who graduated from the Winnipeg General Hospital in 1912, died a short time ago. Prior to her marriage, Mrs. Smith worked as a supervisor at the Royal Inland Hospital, Kamloops, B.C. She returned later to nursing and was supervisor in the pediatric department of the Victoria Hospital, Prince Albert, Sask., at the time of her death.

Adieu

It was honoring ourselves and paying a sincere tribute to her, when a large number of us saw E. Frances Upton to her ultimate rest on Saturday, the second day of July. The funeral, where mingled religious sentiments, soothing words, prayers, and the military atmosphere which environed us to the necropolis, was very conducive to deep thoughts.

The rendering of a pathetic "Be not afraid," the convoy preceding the coffin draped with the Union Jack, the nursing sisters as pall-bearers, the beautiful flowers, the high sun, even the tolling bell as we passed the archway in the cemetery—every bit of everything being as solemn as it was simple meant a great deal in this adieu.

At the grave, silence was broken when a platoon of soldiers presented arms and fired three salvos. Then, the Last Post and Reveille stirred us to the core on that radiant afternoon. Nothing could have been more fitting on this occasion, for we would that the bugle could utter the sentiments that arose in our hearts. Tears ran from the eyes and heads were bowed in reverence and sorrow.

The whole ceremony was worthy indeed of the forceful, truthful and extraordinarily active mind that dwelt in Miss Upton. Her endeavors and achievements, both as an army nurse (whether on the battlefield or in civil life), during and between two wars, is a memorial to duty and heroism. The provincial office of the Association of Nurses of Quebec, which she brought to the standing it has today, her endless connections from Atlantic to Pacific, her extra-boundary acquaintances and friends abroad all knew her relentless activity in provincial, national, and international nursing affairs. I would like to dwell on this aspect of her life to emphasize it. For the present generation of nurses, her wonderful example is forever set. For others to come, may her sterling qualities be long remembered.

For Miss Upton was more than a great mind. She was also a great heart and a diplomat. Many Canadian nurses, whether of French or English extraction, knew and sought her comprehensive attitude towards their manifold problems and often found the solution in her hands. Her mastery of the French language endeared her to her colleagues, enabling her to give more and more of herself and her time of which she was not saving.

To have been her friend was a privilege; to have known her, an inspiration.

—Evelyne Gauvin, R.N.

Trends in Nursing

Average reading time — 16 min.

Training and Practice

Mrs. B. A. Bennett, O.B.E., in her paper read at the International Hospitals Federation Congress, and reported on in the June 4 issue of *Nursing Mirror*, commences by surveying the overall position of nursing. She says:

> It is a pathetic position that where there are facilities for training nurses, there are too few to meet the demand, and where there are numbers of women who would nurse, there are few or no facilities for training them.

She focuses attention on increased demand "due to the development of modern medicine, the extension of public health services, the establishment of more hospitals . . . and the striving towards better standards in countries still struggling against poverty and illiteracy, and the tremendous need in the vast camps for homeless and displaced persons." Mrs. Bennett speaks of relative values of the case assignment method and central supply services, the trend toward the wider use of male nurses, public health nursing, and modern trends in nursing education. The chief aims in nursing education are:

> (1) To educate nurses in order to provide qualitatively and quantitatively enough nurses for the health services of our countries. (2) To achieve our object without wastage of woman-power. (3) To develop during training an awareness of the total health needs of the people. (4) To give satisfaction and happiness to those in training, so that they may become good nurses and good citizens. (5) To educate the women who nurse according to their mental and physical capacity.

She discusses briefly the attempt to achieve student status for the nurse in training and quotes from the Committee on Education of the International Council of Nurses:

> "The science of nursing, broadly interpreted, is conservation or vital economy, the safeguarding and building up of the life forces in the individual and the race. This includes the nurture of both mental and physical energies and the building up of resistance and vigor in healthy and growing individuals as well as in those who are ill or ailing." The nursing leaders of some schools have accepted this interpretation of nursing, she continues, and found no need as regards content of training to differentiate between the nurse who cares for the sick and the public health nurse, the whole idea of prevention and of health promotion being contained in the one word "nurse."

In speaking of surveys she says there is need for an analysis—"not of the work nurses do but of the needs of the patient." Her thought-provoking final paragraph is much too important to be summarized. Every nurse should not only read it but make a copy of it and carry it with her until she has not only memorized it but feels that she is putting it into practice so that in the words of the last sentence—

> She will be inspired to work for the common good of all people, and make, as we all should, her maximum contribution to the needs of the world.

Your Association

Have you seen the bulletin "The Canadian Nurses' Association is Your Association"? It is a very attractive booklet, printed on good paper and in clear type. Easy to read, it contains valuable information on your national association. It is a book you will be proud to show to board members or visitors and certainly one with which every staff and student nurse

should be familiar. It is available in English or French from National Headquarters for the small sum of 15 cents.

In June *R.N.*, we found the following quotation:

> No greater single need faces the nursing profession today than that it be informed . . . For her own sake, for the sake of her patients and for her profession, a nurse who is in practice today cannot afford to evade her responsibility to be professionally informed.

A nurse may be well informed in nursing science yet if she fails to share the burden of responsibility that falls upon organized nursing, she is not fulfilling her function. How can she assume responsibility without a knowledge of what her provincial and national associations are doing? Many of the provinces issue bulletins and a further perusal of this article—"How Effective are our State Bulletins?—might help clarify our thinking on the purpose of the provincial bulletin. *The Canadian Nurse* is the official organ of the Canadian Nurses' Association and attempts to keep its readers aware of all that goes on in nursing across Canada. If you watch "Trends in Nursing" from now on, you will find much that will interest you regarding the biennial meeting to be held in Vancouver in June, 1950. Read your *Journal*, be informed, be prepared to assist your leaders to make decisions that will be an expression of your critical thinking.

Total Patient Care

A definition of bedside nursing, found in the *Davis Nursing Survey* (June, 1949), seemed worth repeating:

> Bedside nursing embraces the complete care of a patient excluding diagnosis and the direction of treatment. It should provide for the physical, mental, social, and spiritual well-being of the patient. Besides caring for personal needs it provides for an environment conducive to recovery and co-ordinates under the doctor the work of others which contributes to the patient's welfare. These activities presuppose a keen understanding of the patient as an individual and a member of the family and community group. They include giving prescribed medicine and treatments; observing and reporting physical and mental symptoms; meeting the continuous needs of the patient and providing for his comfort and happiness; teaching preventive measures related to the situation which will assist in a good readjustment. This type of nursing care will develop as nurses have opportunity afforded them for personal and professional growth by wise hospital and nursing administration.

Staff Nurses Organize

The June *American Journal of Nursing* describes an experiment in organization. The purpose of the new organization is stated as, first, to meet the needs and problems of the staff nurse group and, second, to provide this group with a means of sharing in the administration of nursing. The specific aims of the association are:

> (1) To furnish a channel of communication between the general staff nurse and nursing administrator. (2) To assist in the development and maintenance of a high quality of nursing. (3) To assist in planning a social program for the graduate nurse staff. (4) To promote professional growth.

The director of the school of nursing and nursing service is the only individual not a staff nurse who attends the business meetings but members of the faculty are frequently asked for advice and head nurses and supervisors are invited to all educational and program meetings. There are six standing committees: program, social, revisions, nominating, invitation, and personnel policies. All these committees are very active. The personnel policies committee brings to the attention of the nursing service administrator problems that are encountered by staff nurses. Thus, little things that cause dissatisfaction and uneasiness may be corrected by being referred to the proper authority and suggestions for improvement of nursing care may be given due con-

sideration. It is felt that this new association is showing signs of sturdy disciplined growth and is ready to become an integral part in the life of the staff nurse.

Continuity of Nursing Care

If you are interested in studying referral systems and practices that assure the patient service beyond the hospital, a report of the findings of the sub-committee of the Joint Committee of the N.L.N.E. and N.O.P.H.N. on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum, which appears in the *American Journal of Nursing* for June, should be of value to you. Policies and principles that should aid in effecting the co-ordination of hospital and other public health nursing services are stated as follows:

(1) The plan should be developed co-operatively by a representative committee and it should aim to be applicable to hospitals and public health nursing agencies in the community. (2) Written forms approved by the community committee should be used. The plan should provide for all patients and all services. (3) Outgoing calls and incoming reports should pass through nursing channels. (4) The doctor should write and sign orders and diagnosis. (5) Space on forms should allow for comments by nurse, social worker, and others. (6) All referrals should be cleared with medical-social worker. (7) Written reports should be returned by public health nurse to place of original referral. (8) The referral of a patient may be initiated by anyone concerned with his care—i.e., doctor, nurse, student nurse, etc. (9) Primary purpose is better care of the patient and family through more effective use of community agencies.

Learning from Industry

An interesting experiment on how to increase the amount of nursing care available to patients appears in the June issue of the *American Journal of Nursing*. The authors, in an attempt to answer the often unspoken question of trustees, industrialists, and the general public as to whether every possible lead had been pursued, studied the personnel methods of industry to "determine if and how they might apply to our nursing needs." Of those studied, the Bell Telephone Company seemed to parallel the nursing situation to a marked degree. In October, 1948, an experiment was initiated in scheduling nursing personnel on methods of industry, which met with such success that the experimentors were converted. The plan involves the following four elements:

(1) Determination of actual work load for nursing personnel on each nursing division for each hour of the day. (2) Staffing strictly according to this work load determination. (3) Allowance of cash bonuses plus shorter working hours without loss of pay for the less desirable tours of duty. (4) A strict adherence to a policy of accepting as full-time personnel only those willing to assume rotating duty, and of accepting restricted hour workers only when the hours they can work fit into the particular needs of a division.

Determining the exact work load (which will vary with the service) for each tour of the day is the keynote of the new schedule. The tour from 7:30 a.m. to 4:00 p.m. serves as the foundation on which to build the remaining schedule. The peak loads on each division determine the arrangement of hours. Divided tours from 8:00 a.m. to 11:30 a.m. and from 3:30 p.m. to 6:30 p.m. and from 3:00 to 10:00 p.m. help to cover the peaks. The work weeks are 44 hours for day and night tours, 36 hours for divided tours, and 33 hours for evening tours. The salary for each work week is the same excepting for the addition of a small bonus for evening and night tours.

Preventive Medicine Begins in the Hospital

An opportunity presented itself recently for a Boston hospital to participate still further in the community health program. The president of a large Boston corporation

questioned his physician regarding the advisability and practicability of yearly physical examination for the executives of his organization. The president of the corporation was willing to defray the cost and his physician, who was interested, brought the problem to the administrator of the hospital where he served on the staff. Plans were worked out by which each individual had a complete physical examination on an appointment basis. After the findings were available, a second appointment was made for a personal interview during which the findings were explained to each person and recommendations made. For any condition requiring further medical attention, the patient was referred to his private physician. The report states that several cases with incipient serious medical implications were discovered during these examinations and adds:

The program as outlined extends the functions of the hospital into the area of preventive medicine and enhances the role of the hospital as the health centre of the community.—*The Modern Hospital*, June, 1949.

The Family Consultation

In the above article we have described the beginnings of preventive medicine in the hospital. The following article deals with preventive medicine for the family. It is a brief résumé of what takes place during a family consultation in the Peckham health centre. The family, seated in comfortable chairs, are all present while the laboratory findings and personal examination of each individual are reviewed in easily understood terms. The purpose is to make knowledge available to the family in order "that things will go right with them all" rather than waiting until things have gone wrong. As each child is dealt with, he goes out until only the mother and father remain. The biologists find that the parents have lost their shyness and are ready to question and to express their hopes and fears.

Here it must be remembered that it is not that which is understood with the head but that which is apprehended both with the head and the feelings . . . that changes the person through growth and leads to action . . . It has been demonstrated in the Centre that it is the periodic health overhaul that holds the families after they have joined. The biologist and family looking at the facts together find they have been noving toward some common basis of language and understanding.

An encouraging feature of this type of contact is that after membership has lasted for some time the biologists find the parents discussing their ideas and experiences freely and without embarrassment in correct terms.—*Peckham*, Vol. 1, No. 2, June, 1949.

The real danger to public health is not the fatal disease which kills a few but the unhealthy condition that nobody bothers about.—JOHN LANGDON DAVIS

Is This the Answer?

The recent meeting of the American Psychiatric Association held in Montreal was attended by the public relations representative from the Canadian Nurses' Association. One of the papers that aroused her interest was that describing the New Program in the Training and Employment of Ward Personnel for the Care of the Mentally Ill in the province of Saskatchewan. The magnitude of the problem of securing the best type of patient care for the mentally ill, the number of hospitals and patients and the scarcity of trained personnel were touched upon. The problem was expressed thus:

In view of the shortage of medical and registered nurse staff it was evident that if individual therapeutic care was to be given to the patients it must be done by the ward staff . . . It was indicated that this staff must be given a type of training beyond the scope of anything previously attempted in the province . . . It was decided to reorganize the training program to markedly increase the hours, and to make psychiatry

rather than nursing care the major study.

After serious study, it was decided to meet the problem by recreating the ward staff as a professional therapeutic group and to delegate to this new professional person therapeutic tasks formerly thought to be solely within the realm of the psychiatrist. This necessitated making "staff training" a major item in the institutional organization. The formation of the curriculum was made the responsibility of a committee comprised of: medical superintendent, supervisors of staff training, and institutional nursing executives. The new course started in October, 1947, with 351 students. A good deal of discussion followed on the type of program, the casualties, and lessons learned by successes and failures.

It is too soon to state with any degree of certainty whether the plan will prove a success but those responsible feel that it has been shown that it is possible—

(1) To recruit intelligent, well-educated men and women who are motivated to devote themselves toward psychiatric nursing as a career; (2) to make function an intensive 500-hour training program. It is still too soon to judge how effectively this staff can carry out the therapeutic responsibilities assigned to them or to determine whether the task is sufficiently challenging to hold their interest and keep them as members of a professional group.

Orientation et Tendances en Nursing

Les Tendances Modernes

Au congrès de la Fédération Internationale des Hôpitaux, Mme B. A. Bennett, O.B.E., fit un relevé de la situation de la profession d'infirmière. Nous lisons dans le *Nursing Mirror* du 4 juin 1949, un résumé de son discours. "Il est regrettable," dit-elle, "que là où on a toutes les facilités pour former des infirmières, qu'il y ait si peu de candidates à répondre à l'appel et qu'ailleur où on trouve tant de femmes disposées à soigner les malades, que les ressources propres à leur donner un bon entraînement manquent presque totalement." Elle attire l'attention sur la demande croissante d'infirmières, due au développement de la médecine moderne, à l'expansion des services de santé, à l'établissement de nouveaux hôpitaux, aux efforts tentés pour améliorer la situation dans les pays pauvres et illettrés, et à l'existence de nombreux camps de personnes déportées.

Mme Bennett a parlé des tendances modernes en matière d'éducation de l'infirmière, de l'emploi d'infirmiers, de l'hygiène publique, etc. Les principaux buts à considérer dans l'éducation de l'infirmière sont les suivants: (1) On doit former suffisamment d'infirmières pour les besoins des services de santé du pays et leur formation autant du point de vue qualité que quantité doit répondre aux besoins de la société; (2) on doit atteindre ce but sans qu'il y ait perte ou gaspillage du capital infirmière; (3) on doit, durant le cours d'infirmière, mettre les élèves au courant des besoins de la société; (4) voir à ce que les élèves soient heureuses et satisfaites durant leur cours, afin qu'elles deviennent de bonnes infirmières et de bonnes citoyennes; (5) durant le cours d'infirmière, tenir compte du quotient intellectuel de l'élève et de sa force physique.

"La science du nursing," dit-elle, "encore a pour but d'affermir et de conserver les forces vitales de l'individu et de la nation. Cela comprend aussi bien la santé mentale que la santé physique chez les personnes bien portantes que chez les malades. Il y a des chefs de file, dans nos écoles d'infirmières, qui ont accepté cette définition de la science du nursing dans leurs écoles. Ces directrices ne voient pas la nécessité de deux programmes d'étude—l'un pour les infirmières au chevet des malades et l'autres pour l'infirmière hygiéniste. Lorsque l'on dit une infirmière, l'on parle d'une personne qui a l'idée de la prévention aussi bien que celle du soin aux malades."

Lorsque l'on fait des relevés des enquêtes, il faut analyser "les besoins du patient plutôt que le travail de l'infirmière." Mme Bennett termine son discours en disant: "L'infirmière doit travailler pour le bien-être général de la société et, en faisant ainsi, elle contribuera grandement au bien-être du monde."

Votre Association

Avez-vous lu le bulletin "L'Association des Infirmières du Canada est Votre Association"? C'est un bulletin des plus coquets, imprimé sur du beau papier avec une jolie couverture rouge. Les infirmières et les élèves de nos écoles y trouveront des renseignements très utiles. Vous pouvez vous le procurer en français ou en anglais pour la minime somme de 15 cents.

Nous avons été fortement impressionnés en lisant dans une revue de juin dernier: "Ce dont les infirmières ont le plus besoin actuellement—c'est d'être renseignées . . . Dans son propre intérêt, dans l'intérêt de ses malades, dans celui de sa profession, une infirmière qui exerce sa profession ne peut éviter ses responsabilités et elle doit être renseignée sur sa profession."

Même si une infirmière a beaucoup de science, si elle n'est pas au courant des activités de sa profession au niveau provincial comme au national, elle ne peut remplir qu'une partie de ses obligations.

Prendre Soin D'un Malade et Non D'une Maladie

Le soin des malades pour l'infirmière comprend tout ce qu'il y a à faire pour un malade, sauf le diagnostic et la direction du traitement. L'on doit s'assurer du bien-être du malade au point de vue physique, mental, social, et spirituel. En plus de voir à ses besoins personnels, on doit s'assurer que le milieu où il se trouve de même que son entourage soient de nature à favoriser sa guérison.

Pour arriver à ces fins, il faut être perspicace et bien comprendre à la fois non seulement le malade, mais aussi sa famille et le groupe auquel il appartient. Cela veut dire, donner les médicaments et les traitements prescrits; observer et rapporter les symptômes physiques et mentaux: s'efforcer de répondre à toutes les demandes du malade; voir à ce qu'il soit confortable et heureux enseigner à ce malade les moyens propres à prévenir les mêmes malaises. Si par une sage direction, les hôpitaux et les directrices d'infirmières s'efforcent de donner des soins d'une aussi haute qualité à leurs malades, les infirmières de ces institutions deviendront des infirmières de marque.

Les Infirmières en Service Général

Nous lisons dans *American Journal of Nursing* pour juin, une expérience entreprise dans le but, premièrement, de reconnaître les problèmes de l'infirmière en service général; deuxièmement, afin de donner à ce groupe un moyen de prendre part à l'administration du nursing. Les buts de cette organisation sont: (1) D'établir un lien entre l'infirmière du service général et l'administration du nursing; (2) afin d'établir et de maintenir des soins aux malades d'une qualité supérieure; (3) afin d'aider à tout projet d'activités sociales pour les infirmières du service général; (4) afin d'aider au progrès et au développement de l'infirmière.

Il y a six comités d'établis: du programme, social, de revision, de nomination, d'invitation, de la politique à l'égard du personnel. Tous ces comités semblent très actifs. Le comité de la politique à l'égard du personnel porte à l'attention de l'administration les problèmes de l'infirmière, du personnel. Ainsi toutes les petites choses qui causent du mécontentement et des frictions peuvent être corrigées; des suggestions sont faites à qui de droit et elles sont prises en considération. Ce comité montre un bon esprit de discipline et il semble appeler à jouer un rôle important dans la vie de l'infirmière en service général.

Apprenons de l'Industrie

Souvent parmi le public on entend des hommes d'affaires demander si on a appliqué dans nos hôpitaux, chez les infirmières, certaines méthodes de l'industrie. Après étude, on voit que la situation au Bell Telephone Co. ressemble à bien des points à celle des infirmières. D'après les méthodes adoptées dans l'industrie, une expérience fut faite dans les hôpitaux, il s'agit: (1) De déterminer le travail que doivent faire les infirmières dans chacun des départements, pour chaque heure du jour; (2) de déterminer la quantité du personnel suivant la somme de travail à faire à chaque heure du jour; (3) boni et heures de travail réduites pour la période de la journée qui est la moins aimée du personnel; (4) avoir comme ligne de conduite de n'accepter que les infirmières voulant faire la rotation du service et de n'accepter les autres seulement lorsque les heures de travail qu'elles veulent faire répondent à un besoin du département.

Le point important est de déterminer la somme exacte de travail (laquelle varie dans chacun des services) pour chaque période du jour. La période de base est de 7:30 a.m. à 4:00 p.m. La plus grande somme de travail à accomplir dans chaque service détermine la

distribution des heures de repos, soit de 8:00 a.m. à 11:30 a.m. ou de 3:30 p.m. à 6:30 p.m. ou de 3:00 p.m. à 10:00 p.m. Le salaire est le même pour tous, sauf pour la période de la veillée et de la nuit pour laquelle un bonus est ajouté.

La Médecine Préventive Commence à l'Hôpital

Une occasion s'est présentée à un hôpital de Boston, qui montre bien le rôle que peut jouer l'hôpital dans la prévention des maladies et le maintien de la bonne santé. Le président d'une grande corporation industrielle demande à son médecin s'il ne serait pas opportun de faire subir un examen médical aux directeurs de la compagnie. Le président était prêt à payer les frais de cet examen. L'hôpital fit subir un examen à chacun des directeurs qui se présentèrent sur rendez-vous. Après avoir complété le dossier un autre rendez-vous fut pris et on explique à chacun ce qu'on avait trouvé et des recommandations leur furent faites. Dans tous les cas où une intervention médicale était jugée nécessaire, le malade était dirigé vers son médecin de famille. Le rapport dit qu'il y eu des découvertes qui auraient pu avoir des conséquences graves, si on avait retardé à les faire.

Toute la Famille Chez le Médecin

La médecine préventive trouve une autre application à Peckham. Toute la famille, chacun assis bien confortablement, écoute le résultat des analyses de chaque et les conseils donnés par le médecin. On considère que c'est d'une psychologie enfantine, lorsque tous les enfants y ont passé; le père et la mère restent seuls avec le médecin et ils ont une petite conférence. Les parents exposent leurs craintes, leurs espoirs, et le médecin les aide par ses conseils, à prévenir les dangers et à réaliser leurs espérances.

Le Congrès des Psychiatres

Lors du congrès des psychiatres, une représentante de l'Association des Infirmières du Canada fut invitée. Un travail sur la formation du personnel dans un département de malades mentaux en Saskatchewan suscita beaucoup d'intérêt.

Annual Meeting in Quebec

The twenty-ninth annual meeting of the Association of Nurses of the Province of Quebec was held at the Windsor Hotel, Montreal, on May 30-31, 1949. The president, Rév. Sr. Valérie de la Sagesse, presided. Total registration was 674. Highlights of the meeting, in addition to the excellent reports which were presented, were as follows:

A most interesting and penetrating address by Miss Gladys B. Carter, B.Sc., S.R.N., was entitled "A Newer Deal for Nurses" in the course of which the speaker discussed the Nurses' Bill, at present before the British Parliament. This Bill, Miss Carter stated, may be expected to do much toward elevating nursing to true professional status. Under the Bill, the General Nursing Council for England and Wales will give wider representation to nurses from every area, a standing training committee will promote higher educational and training standards, wider experimental schemes will be permitted, and the funds for training nurses will be provided by the national health service. The latter arrangement will separate the budgets of schools of nursing from those of hospitals.

A stimulating French-language forum was under the chairmanship of Mlle Suzanne Giroux, official visitor to French schools of nursing, on the subject "Three Years . . . the Examinations . . . and Then?" Participants in the forum discussion were Mlles G. Badeaux, F. Verret, P. Crevier, and G. Charbonneau. The speakers dealt with the role of nursing organizations—international, national, provincial, and district. Student nurses were honored guests. Interest was great and the general feeling was that the program had been most informative and worthwhile.

A symposium in French on "Orientation" was under the joint chairmanship of Rev. Sr. Jean des Lys and Mlle M. E. Cantin. Participants in the symposium were as follows: Father Beausoleil, Rév. Sr. Louise de Marillac, Mlles G. Desmarais, J. Lamarche, B. Laliberté, and a student nurse of Ste. Justine Hospital School of Nursing.

Miss Agnes Macleod brought greetings from the Canadian Nurses' Association and dwelt briefly on the need for nurses to be more concerned about the difficulties which the profession is facing. "Nurses tend to be

too complacent about the situation," Miss Macleod commented.

Sessions in both French and English were held on the subject of job analysis and job evaluation as related to nursing. Rév. Srs. Denise Lefebvre and Jeanne Forest spoke on this topic. Mr. G. Molleur and Mr. H.L. McEvoy, co-directors of personnel, Quebec Hydro-Electric Commission, also spoke and showed films on job evaluation.

A French-language forum on the subject "The Nurse and the Canadian Nation" provoked lively discussion and wide interest. Chief participants were: Mr. Jean-Pierre Houle, professor of the Faculty of Letters, University of Montreal; Mme Pierre Casgrain; Mlle Marcelle Barthe; Mr. Gérard Pelletier, journalist; and Mlle L. Couet, R.N.

Dr. Douglas Wilson, member of the editorial staff, *Montreal Daily Star*, spoke to the English members on the topic "Love, Laughter and Salad." The theme of Dr. Wilson's address was the need in our daily lives for Christian charity and a sense of humor.

An outstanding feature of the convention was a reception in honor of Miss E. Frances Upton, R.R.C., who had recently retired from the position of secretary-registrar of the association after twenty years of outstanding and devoted service. Guests were received by Miss Upton, together with Rév. Sr. Valérie de la Sagesse and Miss Caroline V. Barrett. Large numbers of members and guests were present upon this happy occasion. The management of the hotel presented the guest of honor with a sheaf of beautiful red roses.

A centre of attraction during the convention was *The Canadian Nurse* table, presided over by Miss K. Cooke and Mlle Octavie Préfontaine and by their willing assistants. Sale of subscriptions was quite brisk which was most gratifying.

The officers elected for the coming year are as follows: President, Rév. Sr. Valérie de la Sagesse; vice-presidents (English), Mary S. Mathewson, Caroline V. Barrett; vice-presidents (French), Fernande Verret, Brigitte Laliberté; honorary secretary, Rev. Sr. Felicitas; honorary treasurer, Annonciade Martineau.

MARGARET M. STREET
Secretary-Registrar

Industrial Nurses of Ontario

The Niagara Peninsula Industrial Nurses' Association were hostesses at the first meeting of the industrial nurses of Ontario held in Niagara Falls on June 4, 1949. One hundred and forty nurses from all parts of Ontario were present, making a most encouraging and enthusiastic beginning for a movement of great importance and value to industrial nursing. The meeting was under the chairmanship of Mrs. A. Longeway of Windsor. She spoke of the need felt by the nurses in industry for organization and co-operation among themselves. She pointed out the value of developing and promoting standards and policies to meet the growing demands for industrial health services. Discussion of what form of organization was possible within the constitution of the R.N.A.O. took place. It was decided to form a special committee of the R.N.A.O. at present as it would be more flexible during a period of experimentation.

The following executive was appointed to draw up a brief to be presented to the next R.N.A.O. board meeting: Chairman, Mrs. Longeway; vice-presidents, Mrs. L. D. Stirtzinger, Merritton; Marjorie Rattray, Sarnia; secretary-treasurer, Isabel Clarke, Windsor; corresponding secretary, Blanche Bishop, Toronto; membership convener, Mrs. M. A. Farrell, Welland; educational and program convener, Ethel Gordon, Ottawa.

Many other matters of interest were discussed, particularly in connection with educational programs and refresher courses. The dinner meeting in the evening was addressed by Mildred Walker, of Brockville, who stressed the position and value of nurses in the industrial pattern, the emergence of a new management era, and the importance of promoting health as related to industry. "We are," she said, "a long way behind our technical knowledge and some master plan must be made now."

I sterilize two needles in preparation for a hypodermic injection. One needle is to puncture rubber caps or to withdraw oil preparations from ampoules. This needle has a slightly larger bore than the second. When the medication is in the barrel, the first needle is removed and the second attached. This prevents dulling the second needle and prolongs its usefulness.—MARY HUDSON

Student Nurses

Hyperthyroidism

BETH M. MAGEE

Average reading time — 8 min. 48 sec.

HISTORY

ARTHUR, A 17-DAY-OLD baby, was admitted to hospital weighing seven pounds, with a history of progressive weight loss since birth. He was a full-term baby, normal delivery, with a birth weight of 8 pounds, 12 ounces. Arthur's father is a theology student who works during the summers. The family live in one room that is clean but damp and poorly ventilated.

During the seventh month of pregnancy Mrs. P. developed the characteristic symptoms of hyperthyroidism—flush, tremor, rapid pulse, difficult breathing, and protruding eyes. She was under doctor's care and treated with methylthiouracil (500 mgm. daily). Thiouracil blocks the formation of the thyroid hormone. It must be used carefully in a pregnant woman as it destroys the white blood cells. This makes the body more prone to any infection. Two months prior to delivery, Mrs. P's basal metabolism rate was 159. After one month's treatment, it had fallen to 115. Shortly before delivery it was 101. The normal metabolic rate is 100 + or — 10. Her hemoglobin was 92% when the drug was started and fell to 76% a month later. She was placed on a salt-free diet to prevent edema. Routine urinalyses were done at regular periods but no albumen was found.

PHYSICAL EXAMINATION

On admission it was found that Baby Arthur had a temperature of 101.4° rectally. This elevation in temperature was noted two days after birth. There was definite exophthalmos. The oral pharynx was slightly infected. The neck was quite normal with no rigidity. The thyroid gland could not be felt. No edema was present. The pulse was rapid—200 per minute. There were no heart murmurs. The skin was clear. Upon examination of the central nervous system, the baby was found to be alert but deep reflexes were sluggish.

The diagnosis was decided as: (1) hyperthyroidism; (2) temporary increase in circulation due to maternal hyperthyroidism.

FEEDING AND MEDICATION

Upon admission Arthur was put on a feeding of 2% lactic acid milk (30 ounces lactic acid milk and 6 tablespoons of dextro-maltose). He was offered four ounces of this feeding every four hours. The acid in this milk acts as an antiseptic in the digestive tract. Proteins and fats are more easily digested in an acid. It also has a freely-divided curd and is easily digested. However, the baby was not satisfied on this feeding and weight loss continued, with occasional vomiting.

Interstitials of Ringer's Lactate were ordered three times daily. The baby was given 10 cc. per pound of body weight at every interstitial when absorption of this much was possible. Ringer's Lactate contains all the salts that are found in the blood, in the same percentages, including: calcium chloride .02%; potassium chloride .02%; sodium chloride .9%, and sodium bicarbonate .01%.

Lugol's solution, minims I, was

Miss Magee, a student nurse at Peterborough Civic Hospital, prepared this case study while affiliating in pediatrics at the Toronto Hospital for Sick Children.

given three times daily and the baby's heart rate recorded every four hours. Lugol's solution is a form of iodine. The iodides given internally are salts of iodine—5% iodine and 10% potassium iodide. Lugol's is given in milk and the dosage varies from I to XII minims.

By the end of the first week little change was noted in the baby's condition. The eyes were still prominent. The thyroid gland had enlarged so that it could be seen and felt. The heart rate was 170 beats per minute. Loose stools had developed and the fever still persisted. Tincture camphor compound, minims III, ad aqua drams 1, was given five times daily. A stool culture was made to determine what micro-organisms were present. Tincture of camphor compound is an antiseptic given in cases of diarrhea.

There was no obvious infection but the baby was put on sulphadiazine with soda bicarbonate five times daily. Sulphadiazine is given to combat infection. Soda bicarbonate is always given with it to lessen the danger of kidney damage. By this time stomatitis had developed. Gentian violet 1% was applied to the mouth after feedings. Gentian violet is an organic dye made from coal tar which is strongly antiseptic and is used in 1-2% solution. Blood examination was made with these findings: Polymorphonuclear, 20%; lymphocytes, 46%; eosinophils, 13%; basophils, 2%; monocytes, 3%.

Ten days after admission, there were plaques of thrush on the back of the tongue and on the buccal mucosa. Acriflavine 1% was applied to mouth four times daily. Acriflavine is a complex chemical prepared from acridine which is obtained from coal tar. It is a strong antiseptic not injurious to tissues and it promotes healing.

Arthur was not gaining weight so his feedings were increased. Temperature was still 100° but there were no more loose stools. The eyes were becoming more prominent. Amigen interstitials were given twice daily. Amigen is a form of amino acid essential for body repair. The baby was becoming very pale and when the amount of the feeding was increased he vomited. His blood pressure was 138/100 and pulse 120.

Beginning on the twenty-fifth day, Arthur was given a continuous intravenous of normal saline (100 cc. in 12 hours). This was followed by 75 cc. of whole blood. Interstitials of amigen continued following intravenous therapy. Protein milk (four ounces every four hours) was given. Protein milk is given when loose stools are present. Casec is practically pure protein.

At the end of one month's treatment the baby's heart rate was down to 88 and his throat was only moderately inflamed with no fever. For the first time he was gaining weight. Interstitials were reduced to one daily and soon after were discontinued. Lugol's was increased to minims II three times daily. Pablum was introduced into the feedings. Thyroid gr. 1/8 per day was started. When he was two months old, Arthur weighed 8 pounds, 10 ounces. Penicillin was increased to 200,000 units daily and Lugol's increased to minims V three times daily.

Thyroidectomy

It was decided to perform a thyroidectomy. Arthur was sent to the operating-room with an intravenous cut-down of normal saline running at 300 cc. in 12 hours. Pentothal and nitrous oxide were the anesthetics used. The lobe of excised thyroid felt firm and gritty. Microscopic findings were: hyperplasia of acini scattered throughout thyroid parenchyma. Acini moderately dilated, containing pink-staining collagen. The pathological diagnosis was: hyperthyroidism secondary to the mother's.

Post-Operative Care

On his return to the ward Arthur was placed in an oxygen tent. Oxygen was given continuously for the first forty-eight hours. Sand-bags supported the head. When conscious he was placed in Fowler's position.

Tracheotomy tray and emergency stimulants (coramine and adrenalin) were in the room to be used if necessary. Suction was used only when required. Seconal gr. ¾ was given every four hours. The baby was kept well sedated to prevent a thyroid crisis. Seconal is a barbiturate derivative given for nervousness and restlessness. Ice-bags were applied to the neck and over the heart. His temperature was taken every hour.

Sugar solution was given as soon as the baby could tolerate it. Sugar solution is made of 3 tablespoonsful cane sugar, 6 tablespoonsful dextromaltose No. 1, and 20 ounces of water. The next day the sedative was changed to nembutal gr. ½ every four hours. Nembutal is more effective than seconal. Arthur was put back on his pre-operative feedings with the understanding that if this was regurgitated sugar solution only was to be given. Lugol's minims V was given three times daily for three days. At this time the heart rate was 200. A sleeping pulse was taken every two hours.

After eight days all sutures were removed and the incision probed for hematoma. He was discharged a week later to return to the outpatient clinic where his recovery would be followed for several weeks.

Conclusion

Arthur seemed to have made a good recovery although Lugol's minims II was to be continued at home three times a day.

Baby Arthur was admitted early to have a long period of pre-operative care in order to be in good condition. Regular feedings and long hours of undisturbed sleep and rest were an important factor in his nursing care. The aim in this was to pick the best time to operate when the maximum effect of previous treatment has been reached before there is a return of symptoms.

This baby's history will be followed carefully in out-patients. He will be kept under close observation as this operation is not usually done on such a small infant. One is not sure what changes may take place as he continues to grow and develop. The thyroid is a gland of internal secretion that secretes thyroxin which controls and aids in the metabolism of the body.

Before Arthur was discharged, a public health nurse visited his home where it was found that care would be good although facilities were limited.

I found this a very interesting case to nurse as this condition is not seen often in such a young child.

Improved Health in Newfoundland

It was with great interest and much pleasure I attended the conference on "Recent Nutrition Surveys in Newfoundland," at Hotel Biltmore in New York City, held under the auspices of the Nutrition Foundation Inc.

Newfoundland was the focal point of discussion by an international group of prominent physicians from Great Britain, the United States, and Canada. This panel discussion, before hundreds of nutritionists, physicians, food processors, and industralists, I found most stimulating.

The part that improved diet had played in Newfoundland in reducing infant mortality, lowering the tuberculosis death rate as well as the overall death rate, in increasing the alertness of children and grown-ups alike, and in decreasing the symptoms that most nutritionists attribute, in whole or in part, to dietary deficiency, is of interest to all nurses since they must care for the victims of the diseases arising from these deficiencies.

The first survey was made in 1944 at the request of the government. It revealed that malnutrition, related to shortages of thiamine, riboflavin, niacin (the pellagra preventive factor), vitamin A, and ascorbic acid, was common. These deficiencies were found in association with extensive dental caries, poor muscular development, and infant mortality and tuberculosis rates from two to three times

as high as those encountered in populations of similar ancestry in more favored regions.

World War II led to an improved economic status for Newfoundland. Imports of food increased and in 1944 a number of corrective measures were instituted by the government. The major corrective steps taken were as follows: (1) The enrichment of flour with thiamine, riboflavin, niacin and iron and (after 1947) with calcium; (2) the fortification of margarine with vitamin A. Other steps included increased emphasis on education in nutrition; a severely limited distribution of powdered milk and cod liver oil in schools; and likewise a very restricted distribution of small quantities of concentrated orange juice to infants and nursing mothers.

In 1948, a resurvey in the same areas was made. In each survey 868 persons were examined. Of this number, 227 were examined on both occasions.

Most striking among the indices of health improvement during the four years that elapsed was the drop in the infant mortality rate from 102.3 to 61.0 per 1000 live births. The crude death rate from pulmonary tuberculosis declined from 135 per 100,000 in the five-year period, 1940-44, to 101 in 1946. The annual mortality rate from all causes dropped from 12.1 to 10.5.

The survey board reported that the people encountered in 1948 were better dressed than in 1944 and their homes appeared to be better tended. Of more significance was the increased alertness exhibited, especially by the children, who no longer stood around listless and apathetic. In fact they behaved like children in more fortunate areas, chattering and getting into mischief. The absence of play had been remarked upon in 1944.

Chemical analysis of the blood and urine was made on a considerable number of the persons examined in each survey. The analysis of these reports, confirming the clinical examination, led the examiners to stress the nutritive value of margarine fortified with vitamin A and of flour enriched with riboflavin, niacin, and thiamine.

It is important to note that the signs and symptoms of malnutrition, which the survey board expected to decrease as a result of the dietary improvements, were less frequently encountered, whereas the health factors not affected by these measures remained unaltered or actually increased. These physicians do not conclude, however, that other programs instituted during these years are of less importance to the health of the population of the future.

The survey board stressed the necessity for the continuation of enrichment of flour and fortification of margarine. It also concluded that the following steps must be considered: (a) strengthening the educational program; (b) co-operation between the departments of the government on policies affecting good nutrition and good health; (c) extension of the distribution of cod liver oil and milk powders for school children; (d) the maintenance of the consumption of fluid milk and citrus fruits.

—MARY BURTON

Book Reviews

Vocational Nursing for Home, School and Hospital, by Alice L. Price, R.N., B.S. 344 pages. Price $4.40. *and*

A Handbook of Recorded Notations—for use with text "Vocational Nursing for Home, School and Hospital." 163 pages. Price $2.20. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1948.

Reviewed by J. F. Ferguson, Registrar-Consultant, School for Nursing Aides, Calgary.

This text is intended to be used by those who are giving instruction to women being trained to aid the nurses with the bedside care of the sick. There are several other names suggested but this text generally speaks of this worker as a "practical nurse."

It is unfortunate that a suitable name for these women was not chosen which would be acceptable to the sponsors of such courses throughout the country. We in Canada have generally accepted the term "nursing aide," and we are, as quickly as possible, having the former "practical nurses" qualify for employment as "nursing aides" by taking the course

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Chairman, Civil Service Commission, Victoria

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of instruction and a period of practical experience under supervision.

The introductory chapters deal with nursing ethics and the place of the practical nurse in home and hospital. Instruction is carried through in outline form on the subjects of anatomy and physiology, personal care and hygiene, public sanitation, fundamentals of housekeeping, the care of equipment and supplies. All are clearly outlined.

The care of the patient in the home, particularly the chronic patient, is very well provided for. The nursing procedures in the book are carefully outlined, giving purpose, necessary articles, general instructions.

A full chapter is devoted to administration of medicines orally, by inhalation and inunction, and it is pleasing to note that hypodermic injections are not included in this instruction text. We in Alberta are certainly in agreement with this exclusion.

A chapter is devoted to the care of chronically ill and aged persons. I feel that this is most significant as registered nurses generally have had so many extra duties assigned to them that they have lost sight of the aspect of nursing which deals with these people. Prenatal and postnatal care is clearly stated and is also in tabulated form for classroom use.

I was most interested in the suggested reading outline at the end of almost every chapter. Though I feel that the anatomy outline needs a good deal of further explanation on a Grade IX or X level, the book on the whole is very acceptable to the instructor.

* * *

The handbook gives excellent instruction on charting. Printing seems to be one phase of the work which nurses dislike. The handbook would be of great value to student nurses in our schools of nursing as well as to practical nurses. Many abbreviations are listed but some are not used in Canada. It is not generally our custom to sign the nurses' given names on a chart record nor do we attempt to record each visit of the doctor or internes.

I was particularly interested in the table of terms commonly used in recording notations. I believe that the instructor would possibly rule out a few charting terms pertaining to intramuscular injection.

I found it helpful personally to go through the book and work out the suggested assignments.

The Saintly Life of Jeanne Mance—First Lay Nurse in North America, by William H. Atherton, Ph.D. 95 pages. Published by The Catholic Hospital Association of the United States and Canada, 1438 S. Grand Blvd., St. Louis 4, Mo. Illustrated. Price $1.00 (quantities of 10 and more: 75 cts. per copy).

Reviewed by Grace Smith, Instructor of Nurses, Royal Columbian Hospital, New Westminster, B.C.

This book, a biography on the life of Jeanne Mance, was written with a view to make Jeanne Mance better known and loved by all persons interested in the historical and practical background of Canadian development and progress. This lay nurse is regarded as the foundress of the city of Montreal and its hospital—The Hotel-Dieu.

Her early life in France was devoted to her family and to the active appeals of distress which possibly gave her the hospital experience of nursing that stood her in good stead in recognizing and fulfilling her Canadian duties. Her spiritual picture stands clear as that of a gracious, dominant personality, with a life objective of heroic self-sacrifice for her Christian faith.

Following her decision to come to Canada she accepted a position involving many and varied responsibilities. These consisted of supervising stores for the new colony, directing the household, and conducting the hospital which entailed the care of the sick. Life in the new country was trying and discouraging with few comforts. The struggle for existence against the Indian raids and the inadequate living accommodations were not fully realized by those in the homeland. Jeanne Mance made three trips back to France and finally received recognition for this enterprise.

The key-note of her life lies in the strength of her convictions to serve God and her neighbor, which is the basis of professional nursing as taught in our nursing schools today. The author writes with no less conviction in regard to the value of the contribution Jeanne Mance made to nursing and hospital administration. The student requires informative accounts of the first workers in Canada and Jeanne Mance can be associated with the professional and non-professional persons who made great contributions to the development of nursing. This book can be used as a reference in nursing schools, in the teaching of history of nursing.

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Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

The Public Relations Committee—Why and How It Works, by David M. Church. 26 pages. Published by National Publicity Council, 130 East 22nd St., New York City 10. 1949. Price $1.00.

Increased stress is being placed on the desirability of nurses participating more actively in public relations programs. Many of those most eager to assist in such a program have only the sketchiest idea of how to proceed. Few could frame an adequate definition. This brief handbook, which presents the functions of a committee in simple phraseology, should fill a very real need.

Public relations is defined as "that course of action which guides an institution, or an individual, in a course which will earn and hold the favorable opinion of the public." Publicity is taken to mean the practical exposition of the public relations program that has been planned.

The author points out that "You can't meet adverse public opinion by merely saying 'That isn't true.' " How then should a committee be formed? How should they plan their educational campaign? What fields of activity should they cover? These and many similar problems are posed and answered.

Ontario

The following are recent staff changes with the Ontario Public Health Nursing Service:

Appointments: *Rhea Kavanagh* (Johns Hopkins Hospital, Baltimore; University of Toronto certificate course; B.S., Teachers College, Columbia University) as public health nursing supervisor, United Counties health unit, succeeding *Margaret Mackenzie* (Toronto Western Hosp.; U. of T. cert. and advanced courses in administration and supervision in public health nursing) who is now public health nursing instructor, Toronto Western Hosp. School of Nursing. *Kathleen Terrill* (Hamilton Gen. Hosp. and U. of T. cert. course) has also joined this unit.

Edith Munroe (Ottawa Civic Hosp. and U. of T. cert. course) Bruce County health unit; *Elsie Hilbert* (St. Joseph's Hosp., Hamilton, and U. of T. cert. course) Chatham board of health; *Mary Claire Harley* (Victoria Hosp., London, and B.Sc.N., of U. of W. Ont.) Woodstock board of health; *Florence Stewart*

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(Toronto Gen. Hosp. and U. of T. cert. course), formerly with Peterborough board of health, *Barbara Cox* (Wellesley Hosp., Toronto, and U. of T. cert. course), and *Margaret Dickie* (Ont. Hosp., New Toronto, and U. of T. cert. course) Peel County health unit; *N. Taylor* (Ottawa Civic Hosp. and U. of T. cert. course) Dufferin County health unit; *Dorothy Morgan* (St. Joseph's Hosp., Toronto, and U. of W. Ont. cert. course), *Lois Baker* (T.G.H. and U. of T. cert. course), and *Dorothy Wick* (Women's College Hosp., Toronto, and U. of T. cert. course) Huron County health unit; *Nancy Lynn* (H.G.H. and U. of T. cert. course) Guelph board of health; *Helen Aird* (Kingston Gen. Hosp. and U. of T. cert. course) Lennox and Addington health unit; *Mae Haviland* (Victoria Hosp., London, and U. of W. Ont. cert. course), formerly with Perth County school health service, and *Nora Hicks* (V.H., London, and U. of W. Ont. cert. course) Oxford County and Ingersoll health unit.

Phoebe Macnab (Hosp. for Sick Children, Toronto, and U. of T. cert. course) Port Arthur board of health; *Phyllis Wingrove* (H.G.H. and U. of T. cert. course) Wellington County health unit; *Jeanne Bertrand* (Ottawa Gen. Hosp. and U. of Montreal public health course) Prescott and Russell health unit; *Lorraine Larsen* (St. Michael's Hosp., Toronto, and U. of T. cert. course and advanced course in administration and supervision) and *Ruth Aiken* (H.G.H. and U. of T. cert. course), formerly with Peterborough board of health, as senior nurse and staff nurse with Porcupine health unit; *Dorothy Unsworth* (Ont. Hosp., Orillia, and U. of T. cert. course) Simcoe County health unit; *Mary Lake* (V.H., London, and U. of W. Ont. cert. course) Kent County health unit; *Elaine Dogue* (Ottawa Civic Hosp. and U. of T. cert. course) and *Anne O'Leary* (St. Joseph's Hosp., Peterborough, and U. of Ottawa cert. course) Northumberland and Durham health unit; *Claire Malette* (St. Joseph's Hosp., London, and B.Sc.N., U. of W. Ont.) Windsor board of health; *Helen Jordan* (Hosp. for Sick Children and U. of T. cert. course) Prince Edward County health unit; *Edna Hulse* (Women's College Hosp. and U. of T. cert. course) Etobicoke Township board of health; *Ruth Schissler* (T.G.H. and U. of T. cert. course) Lambton health unit; *Jennie Lostracco* (St. Joseph's Hosp., Hamilton, and U. of T. cert. course) and *Lovema Crosskill* (General and Marine Hosp., Collingwood, and U. of T. cert. course) Welland and district health unit; *Marjorie Stewart* (H.G.H. and U. of W. Ont. cert. course) Kirkland-Larder Lake health unit; *Margaret Hartwick* (T.G.H. and U. of T. cert. course) North

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Resignations: *Margaret Jenkins* and *Leora Wright* from Peel County health unit; *Bertha Klassen* from Kent County health unit; *Kathryn Miller* from Kitchener board of health; *Elizabeth Petrie* and *Mary Morrison* from Kingston board of health; *Beatrice Whalley* from Bruce County health unit; *Ila Wood* from Prince Edward County health unit; *Patricia Wittig* from St. Catharines-Lincoln health unit; *Olive Smith* from Northumberland and Durham health unit; *Dorothy Weissgerber* from Leeds and Grenville health unit; *Elizabeth Cox* from Porcupine health unit; *Margaret Nicol* from Lambton health unit; *Mary Easton* from North York board of health.

Victorian Order of Nurses

The following are recent staff changes:

Appointments—Barrie: *Dorothy Brooks* (Hamilton General Hospital) as nurse in charge. Burnaby: *Eunice C. Murray* (Winnipeg Gen. Hosp. and University of British Columbia public health course). Chatham: *Valda Howard* (Royal Victoria Hospital, Montreal, and McGill University p.h.n. course). Edmonton: *Emily Milner* (B.Sc., University of Edmonton). Halifax: *M. E. Cockrane* (Victoria Gen. Hosp., Halifax). Hamilton: *Joyce MacKay* (Victoria Hosp., London; B.Sc.N., Univ. of W. Ont.). Lachine: *Sylvaine Cadorette* (Ste. Justine Hospital), *Rosalind May, B.Sc.N.* (Kingston General Hospital), and *Mary S. Potts* (Royal Victoria Hospital, Montreal) as nurse in charge. Montreal: *Lorna Tomalty* (Montreal Gen. Hosp.). Ottawa: *Joyce G. Nott* (Port Arthur Gen. Hosp.). Porcupine: *Joan McCann* (Ottawa Civic Hosp. and McGill Univ. p.h.n. course) as nurse in charge. St. Thomas: *Margaret Bridge* (Hamilton Gen. Hosp.). Ste. Anne: *Dorothea Atkinson* (Montreal Gen. Hosp. and McGill Univ. p.h.n. course). Surrey: *Jean MacKenzie* (St. Paul's Hosp., Vancouver, and U.B.C. p.h.n. course). Toronto: *Birthe Kofoed-Hansen* (Bisebjerg, Copenhagen).

Re-appointments—Cornwall: *Ruth (Villeneuve) Martin.* Vancouver: *Aileen Colclough* and *Phyllis Soanes.*

Transfers—*Muriel Martin* from Winnipeg to Elphinstone; *Mary McLean* from York to Saskatoon as nurse in charge.

Resignations—Barrie: *Mildred E. Terry.* Guelph: *Annie (Wade) MacDonald* as nurse in charge. Kirkland Lake: *Joan Tallon.* Lachine: *Yvonne Belanger, Jeanne Bertrand* as nurse in charge, *Donalda Boyer, Margaret Milne,* and *Audrey Morton,* all to take up other work. Ottawa: *E. Shiels* to take up other work. Prince Albert: *Carol Sellhorn, B.Sc.,* to be married. Saskatoon: *Audrey K. Cameron* to take up other work. Sherbrooke: *Dallaire Gabrille* to be married. Surrey: *Muriel Scott.* Toronto: *Mary Griffith, Margaret Hanna, Fae MacLellan, Mrs. E. Scrimshire,* and *Nellie Sieman.* Vancouver: *Sylvia Junek* to take up other work.

Changing Food Habits

If the dissemination of facts were enough to change behavior, the problem of health education (and a hundred other fields) would be absurdly simple.

Unfortunately this is not the case, although we find evidences of this type of thinking in many school and public health education attempts. Changes in behavior occur when emotional responses of the individual to an educational program motivate him to use the information which is presented.

Just how changes in behavior can be brought about in situations similar to those encountered in community health education programs has been the subject of several experiments during recent years.

An experiment, conducted by Marian Radke and Dayna Klisurich*, was undertaken to investigate the relative effectiveness of group decision, lecture, and individual instruction methods in changing food habits.

Group decision in this case is differentiated from group discussion in this way: "Although in both there is a free exchange of ideas and in both a certain amount of initiative taken by the group, group decision, unlike discussion, leads to the setting up of definite goals for action; and these goals tend to be stabilized by group decision in a way which carries the individual through to action."

Infant Feeding

In an infant feeding program the mothers in the maternity ward of a hospital were divided into two groups of similar composition. One-half of the mothers (Group A) received the usual instructions on infant feeding, consisting of a printed schedule and a 15-20 minute interview with a dietitian.

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CLARENCE W. TABER
Editor-in-Chief

Here is a book which should be in the hands of every student. It is a mine of valuable information for every course of the curriculum and will be constantly used after graduation. It covers anatomy, physiology, bacteria, chemistry, diseases with their diagnosis, prognosis, treatment and nursing procedures; drugs, psychiatry, surgical instruments, surgical operations, pre- and post-operative care. Beautifully illustrated. 50,000 words, 1,490 pages, 273 illustrations. Fifth edition, 1948. Indexed $4.50; plain $4.25.

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Group B was divided into three sections of six persons each. The dietitian met informally for about 20 minutes with each group in the ward to discuss infant feeding. The method used to bring the mothers to a group discussion is described as follows:

"Maintaining a friendly and informal atmosphere, she emphasized the importance of diet for the infant's welfare and the difficulty which hospitals experience in getting mothers to carry out instructions. She asked these mothers to suggest better methods of getting mothers-in-general to follow the dietary instructions and the mothers gave suggestions freely. The discussion gave them the opportunity to ask questions and to bring up difficulties which they anticipated or had experienced with other children. The leader inquired about their experiences in feeding cod liver oil and orange juice, the methods they had used, and how effective their methods had been. Thus the mothers were led to see the problems concretely and to see how difficulties could be met. As the mothers brought up specific problems, other mothers or the dietitian were able to offer solutions.

"During the discussion, the dietitian explained the diet schedule given each mother, emphasizing the amounts of cod liver oil and orange juice which the baby should have every day and restating the importance of these supplements. This was the same technical information given in the individual instruction setting. When some group feeling had been developed through shared ideas and shared experiences, the leader returned to the question: How could hospitals motivate mothers to follow instructions in feeding of infants? The leader asked whether the group felt that mothers-in-general would benefit from discussions and would be aided by them in following hospital advice. The mothers readily agreed and added further suggestions and modifications. By attributing co-operative behavior to other mothers in situations similar to their own, these mothers were brought close to a decision to carry out hospital instructions themselves, although they were not yet explicitly involved in the decision.

"The leader then summed up what they had accomplished and raised a query as to their own willingness to carry out the dietary instructions. The suggestion was accepted in each of the three groups and their decision to follow hospital instructions was made

articulate and explicit by the group members. In each group the decision was unanimous."

Follow-up investigations showed that the group decision method was significantly more effective in motivating mothers and housewives to action than were either individual instruction or lecture methods.

—*California's Health*

*Marian Radke and Dayna Klisurich. Experiments in Changing Food Habits. *J. Amer. Dietetic Ass'n*, 23: 403-409, May, 1947.

News Notes

BRITISH COLUMBIA

HANEY:

The home of the president, Mrs. Lois Phillips, was the scene of a recent meeting of the Maple Ridge Graduate Nurses' Association. A final report of the proceeds of the rummage sale was given, donations being made as follows: Cancer Fund, $50; Haney Y.W.C.A. Drop-In Centre, $25; Dental Clinic, $25; Red Cross, $15. Mrs. M. Belsey gave a report of the district meeting held at Cloverdale. Mrs. Phillips was named representative to the Advisory Public Health Committee. A presentation of gifts was made to F. Hilton and H. Provins, public health nurses, and to Mrs. Templeton who are leaving the district.

A picnic is scheduled at the home of Mrs. Eric Dunning and a corn roast at Mrs. Mollie Pottie's on September 12.

KAMLOOPS-TRANQUILLE:

The chapter has granted bursaries of $150 each to Helen Service and Pat Spaegens, Royal Inland Hospital graduates, from the Scholarship Fund. Their six-month post-graduate course in operating-room management and technique is being spent at the New York Polyclinic.

PENTICTON:

The average attendance at the monthly meetings of Penticton Chapter has been twenty-five. The main projects of the chapter included a rummage sale which netted $107.23 and the Valentine Dance when $584 was raised. A thousand dollars has been set aside for the children's ward in the new hospital. Among many purchases for the present children's ward was an oxygen tent.

The final meeting for the season was held at Joan Appleton's at Skaha Lake and took the form of a social. Twenty-seven were present and enjoyed boating on the Okanagan River.

I was brought up on them myself

Many nurses and doctors, too, as well as persons in all walks of life owe a debt of gratitude to Baby's Own Tablets for the comfort these simple triturates brought to their own babyhood upsets. Yes, over half a century of successful use have proved the dependability of Baby's Own Tablets for relief of constipation, digestive upsets, teething troubles and other minor ills.

Mild, tasteless with little or no disturbing side reactions Baby's Own Tablets provide a most efficient and pleasant laxative for infants up to 3 years of age.

BABY'S OWN TABLETS

ONTARIO

DISTRICT 4

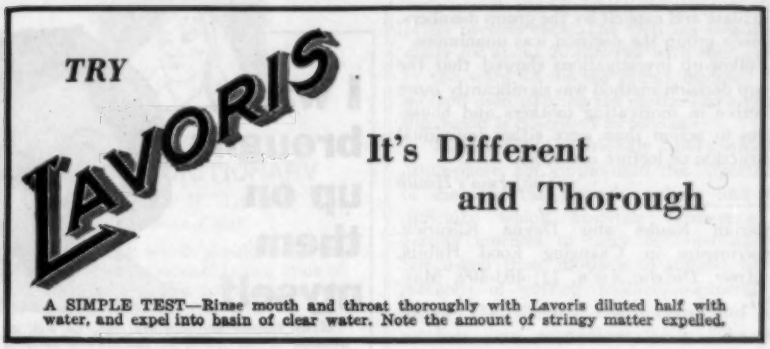
FORT ERIE:

A recent meeting of Niagara Chapter took the form of a picnic held at the Old Fort when Mrs. W. Butcher gave an interesting address on "Nursery Schools of Today." Mrs. M. Goldthorpe gave a report on the R.N.A.O. annual convention.

WELLAND:

The industrial nurses of Welland were organized in February, 1948, with Mrs. L. D. Stirtzinger of Atlas Steels Ltd. as president and Miss Rossi of Plymouth Cordage Co. as secretary-treasurer.

The meetings of this group were held at the homes of the members and it was felt as the year's progress was evaluated that much more could have been gained by the members if the group had been larger. Only four industries were represented. With this in mind, a meeting of all the nurses employed in industry in the Niagara Peninsula was called in December. Here it was decided to organize the Niagara Peninsula Industrial Nurses' Association and a dinner meeting was planned for this purpose at St. Catharines on January 20, 1949. There were seventeen members present and the following officers were elected: President, Mrs. Stirtzinger; vice-president, Jean Morwick, Canadian Carborundum Co. Ltd., Niagara Falls; secretary-treasurer, Mrs. M. A. Farrell, Atlas Steels Ltd., Welland.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It's Different
and Thorough
A SIMPLE TEST—Rinse mouth and throat thoroughly with Lavoris diluted half with water, and expel into basin of clear water. Note the amount of stringy matter expelled.

The aims of the association were to improve its knowledge of industrial nursing and provide some means whereby nurses employed in industry could discuss and eliminate problems arising during their course of duty. In February, the Norton Co. of Chippawa extended to the association an invitation to hold a meeting at their plant. A most interesting social evening was enjoyed. The nurses were conducted through the health centre maintained by the company and the program carried out at the clinics was explained. Following the tour, a most delicious lunch was served with Mrs. E. Gravelle as hostess.

The Ontario Paper Co. Ltd. at Thorold was host at the April meeting. Following a dinner in the staff dining-room, the nurses were taken through the plant and saw paper in the making.

Sarah Wallace, consultant in industrial nursing of the Ontario Division of Industrial Hygiene, and her assistant, Blanche Bishop, were guests of the association at their May dinner meeting held at Welland. Following a short business session, Miss Wallace gave an address on "Aspects of Industrial Nursing." Miss Wallace outlined the essentials of nursing in commerce and industry and urged the nurses to make use of all community resources. She stated that, through the worker and his problems, the industrial health program would spread to a community health program.

QUEBEC

MONTREAL:

St. Mary's Hospital:

The alumnae association recently held its annual meeting when the treasurer's report showed a fairly substantial bank balance after numerous disbursements, which included a donation of $1,000 to Rev. Sr. M. Felicitas for the furnishing of a lounge in the new nurses' residence; a contribution of $100 to the training school office to help defray expenses with regard to the V.O.N. affiliation; and $100 to the hospital drive. The social committee had a very successful year, sponsoring a communion breakfast in October, a card party in January, an informal dance in February, and the graduation ball in April.

Mary DesRosiers was re-elected president while M. Harford will serve as vice-president, with M. McKay and Mrs. K. Desmarteau as recording and corresponding secretaries. The treasurer is M. Barrett. Additional members on the executive include: H. Shannon, A. Steele, E. Sinel, L. Martin, Mmes J. K. Mooney and A. Kelsch.

BERMUDA

Twenty-five members were present at the annual dinner of the King Edward VII Memorial Hospital School for Nurses Alumnae Association when the guests included: Bernice Underhill, matron of the hospital, and Helen Jack, Mary Mayor, Avis Swetman, and Mary Turner, members of the graduating class. Dr. Marjorie Hallett, headmistress of Bermuda High School for Girls, was guest speaker and her address on "The Relationship of an Alumnae Association to the Hospital" was much enjoyed.

Joan Ainsworth, alumnae secretary, has won the Dudley Trott scholarship and will enter McGill School for Graduate Nurses to take teaching and supervision.

Chances for a Successful Pregnancy

Today the diabetic woman can undergo pregnancy without undue risk to herself unless she is more than thirty years of age *and* has had diabetes twenty-five years. If she is under good care, with the obstetrician and the doctor co-operating, her hazards of pregnancy are now very low—"almost non-existent." Whereas ten years ago the survival of the baby in the latter part of pregnancy was only 50 per cent, this authority reports, today it is 90 per cent, and even better for patients under close observation.

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Nursing Education and **Nursing Administration:** Advanced
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THE SECRETARY

Positions Vacant

Advertising Rates — $5.00 for 3 lines or less; $1.00 for each additional line.

Supt. of Nurses & Principal of School of Nursing by Oct. 1 for Royal Alexandra Hospital, Edmonton, Alta. Submit complete statement regarding qualifications & salary expected to Dr. D. R. Easton, Medical Supt.

Director of Nurses. Duties consist of directing nursing service of 140-bed hospital & Nursing School of approx. 80 students. Apply, giving details of age, education, training, experience & salary expected, Miss D. Macham, Supt., Women's College Hospital, Toronto 5, Ont.

Medical Records Librarian. Registered Record Librarian for position at Hospital for Sick Children, Toronto. Give experience & references. Apply to Supt. of Hospital, 67 College St., Toronto 2B, Ont.

Nurses (6) for General Hospital, Belleville, Ont. 8-hr. day, 6-day wk. Rotating shifts. Cumulative sick time. 3 wks. holiday & 8 statutory holidays or 4 wks. holiday. Salary: $145 per mo.; $5.00 extra for evening or night duty. Residence if desired. Apply Miss D. Potts, Supt. of Nurses.

General Duty Nurses (2) for Community Hospital in Peace River District. Salary: $130 per mo. plus full maintenance. Wire collect to M. F. Malkinson, Fairview, Alta.

Graduate Nurses for General Duty for 35-bed hospital. Salary: $155 per mo. plus $15 bonus. Maintenance, $35; live in nurses' home. After 1 yr., 1 mo. holiday with pay. 8-hr. shifts, 6-day wk. Apply Supt. of Nurses, General Hospital, Ladysmith, B.C.

Registered Nurses for 22-bed hospital in excellent Western town in Foothills of Rockies. 3-hr. drive from Calgary or Edmonton. Salary: $135 per mo. plus $50 bonus at end of 6 mos. Full maintenance with laundry. 1 mo. holiday & 12 days sick time with pay after 1 yr. service. 6-day wk. Apply Mrs. E. V. Wood, Matron, Hospital, Rocky Mountain House, Alta.

General Duty Nurses for new West Lincoln Memorial Hospital, Grimsby, Ont. Salaries from $1,660 per annum gross. 8-hr. day, 6-day wk., rotating shifts. 1 mo. holiday & 1 mo. sick leave with pay after 1 yr. service. Blue Cross protection provided. Apply to Supt.

Registered Nurses for General Staff Duty in 45-bed hospital. Salary: $110 plus full maintenance. 8-hr. day, 6-day wk. 3 wks. holiday after 1 yr. service, plus statutory holidays, 1 wk. sick time with pay. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Bilingual Public Health Nurse as Director of Nursing Services & Nursing Stations for the Province of New Brunswick, headquarters at Saint John. For further particulars apply National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ont.

Asst. Director of Nursing for 200-bed General Hospital & School of Nursing. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Operating-Room Supervisor & General Duty Nurses. Apply, stating experience & qualifications, Supt., Queens General Hospital, Liverpool, N.S.

Graduate Nurse to be in charge of minor **Operating-Room.** Also **Graduate Nurse** for **Ward Supervisory** position. Apply Director of Nursing, Freeport Sanatorium, Kitchener, Ont.

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- **General Duty Nurses** urgently required for **Outpost Service** in Saskatchewan.
- **Supervisory** and **Staff** positions also available for **Outpost Service** in British Columbia, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Positions open in **Blood Transfusion Service** in various parts of Canada.

Commensurate salaries for experience and qualifications.
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National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ont.

General Supervisor. 3:30-12, alternating with 11:30-8. Attractive salary with full maintenance. Apply Director of Nurses, Norfolk General Hospital, Simcoe, Ont.

General Duty Nurses (2). Salary: $125 per mo. with full maintenance & laundry. Apply, giving full particulars, Administrator, General Hospital, Parry Sound, Ont.

General Duty Nurses for small hospital in attractive Northern Ontario town. Salary: $140 per mo. plus full maintenance. Excellent living conditions. Also **Orderly** or **Male Nurse.** Salary according to qualifications. Apply Supt. of Nurses, Lady Minto Hospital, Cochrane, Ont.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. 8-hr. day, 6-day wk. Rotating service. Gross salary: $38 per wk. Apply C. E. Brewster, Supt. of Nurses.

General Staff Nurses (4) for Norfolk General Hospital, Simcoe, Ont. Salary: 7:30-4:00 p.m., $120; 3:30-12, $135; 11:30-8:00, $130. Increase of $5.00 at end of 6 mos. & 1 yr. Apply Director of Nurses.

General Duty Nurses for 200-bed General Hospital & School of Nursing. 8-hr. day. 3 wks. vacation & sick time available after 1 yr. service. Salary: $159.50-$169.50 with laundry of uniforms & $5.00 increase for 3-11 & 11-7 shift. Maintenance deducted at rate of $5.00 per mo. for 1 meal. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Graduate Nurses (2) immediately for 40-bed hospital situated on new Hope-Princeton highway. 44-hr. wk. 28 days annual holiday plus 10 statutory holidays. Annual increases & accumulative sick leave. Self-contained nurses' home. Commencing salary: $1,800 annually plus $10 monthly bonus. Full maintenance for $25 per mo. For further particulars apply Director of Nursing, General Hospital, Princeton, B.C.

Graduate Nurses for permanent General Duty in 500-bed hospital. Salary: $175 per mo. with annual increments of $7.50 per mo. for 4 yrs. 28 days vacation; all statutory holidays granted. 44-hr. wk. Superannuation. Sick leave benefits. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

General Duty Nurses for 150-bed Sanatorium. 8-hr. broken day. Blue Cross hospitalization. 4 wks. vacation after 1 yr. service. Salary: $125 per mo. plus maintenance. Apply, stating qualifications & date available, Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Graduate Staff Nurses for Operating-Room Dept. at General Hospital, Hamilton, Ont. 8-hr. day, 6-day wk. Rotating service. Initial gross salary: $38 per wk. plus laundry. Opportunities for promotion to staff appointments at higher salaries for qualified experienced Operating-Room Nurses. Apply C. E. Brewster, Supt. of Nurses.

Registered Nurses—Attention! Vacancies exist for General Staff Nurses. Would you & a friend care to come to the Cariboo Country where you can enjoy all outdoor sports—fishing & boating during summer & bowling, skating, skiing, etc., during winter? Salary: $175 per mo. less maintenance with yearly increment of $7.50 for 4 yrs. 28 days holiday after 1 yr. service plus all statutory holidays. Fare refunded up to $60 after 6 mos. service. Apply Miss G. Gowans, Supt. of Nurses, Prince George & District Hospital, Prince George, B.C.

Operating-Room Nurse & General Duty Nurses for 200-bed hospital. Hrs.: 7:30-3:30; 3:30-11:30; 11:30-7:30. 6-day wk. Apply Director of Nursing, County General Hospital, Welland, Ont.

• DIRECTOR OF NURSES •
WANTED

Applications are invited for the position of **Director of Nurses** for the **Royal Columbian Hospital, New Westminster, British Columbia.** Nearly completed addition to hospital brings total bed capacity to approx. 412. New Westminster, a thriving city, with a pop. of about 34,000 is located just 12 miles from Vancouver. Duties consist of directing Nursing Services & accredited School of Nursing with approx. 140 students. Teaching Degree & Administrative experience required. ***Salary Range:*** $4,200-4,800 per annum. Applicants must be Canadian citizens. Apply, giving in full details of age, education, training & experience, **Director, Royal Columbian Hospital, New Westminster, B.C.,** not later than *Sept. 26, 1949.*

Registered Nurses for General Staff Duty—(Div. of T. B. Control, British Columbia): **Vancouver Unit**—Salary: $168 per mo. with increments over 5-yr. period (including current C.L.B.). No residence accommodation. **Tranquille Unit**—Salary: $174 per mo. with increments over 5-yr. period (including current C.L.B.). Attractive modern residence. Recreational facilities. Exhilarating climate. 8-hr. day, 5½-day wk. (Overtime paid when necessary.) Annual vacation, 1 mo. with pay & 11 statutory holidays. Sick leave, 14 days per yr. (cumulative) plus 6 days for incidental illness. Superannuation plan. Further information & applications may be obtained from Supt. of Nurses in respective Units or Director, T. B. Nursing, Vancouver, B.C.

Nursing Arts Instructor—Gross salary: $195. **Science Instructor**—Gross salary: $205 less $30 maintenance per mo. **Clinical Supervisor**—Gross salary: $180 less $30 maintenance per mo. 188-bed hospital. 44-hr. wk. Apply, stating qualifications & experience, Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Nursing Arts Instructor with degree, **Operating-Room Supervisor & Nurses for Obstetrical Dept.** for 154-bed hospital connected with large clinic, located in the Capitol City. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Graduate Registered Nurse Instructor for Training School of 75 students in 150-bed General Hospital. Gross salary commencing at $190 per mo. increasing to $220 per mo. 8-hr. day, 6-day wk. 1 mo. vacation annually. Apply, stating qualifications, post-graduate experience, age & religion, Administrator, General Hospital, Chatham, Ont.

Nursing Arts Instructor, Pediatric Supervisor immediately for 200-bed hospital. Apply, stating qualifications, Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Operating-Room Nurse with post-graduate training. Basic salary: $190 per mo. gross, plus $10 for on call service. **General Duty Nurses.** Basic salary: $180 per mo. gross. Annual vacation: 28 days after 1 yr. 18 days sick time without pay deduction cumulative. 10 legal holidays. 8-hr. day. Annual increments: $10, 1st yr.; $5.00, 2nd yr.; $5.00, 3rd yr.; $5.00, 4th yr. Eligible for registration in B.C. Apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

Vancouver General Hospital requires **General Staff Nurses** for *vacation relief & permanent staff.* Salary: $172 gross, including current Cost of Living Bonus. Extra premium for evening or night duty. Registration in British Columbia required. For further information apply Director of Nursing, General Hospital, Vancouver, B.C.

Registered Nurses for General Staff Duty in 645-bed hospital with 300-bed addition under construction. Information regarding salary, hrs. of duty, group insurance, superannuation & hospitalization will be sent upon receipt of letter stating experience. Cost of railway ticket to Edmonton refunded after 1 yr. continuous employment. Apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

Registered Nurses interested in General Staff, Head Nurse & Supervisory positions at Texas Medical Centre. Immediate openings. Maximum beginning salary for General Staff Nursing: $220 per mo. 44-hr. working wk. & uniform laundry. Liberal paid vacation, holidays, sick leave. Salaries for Head Nurses & Supervisors open, being based on experience & post-graduate work or college credits in nursing. Apply Director of Nursing Service, Hermann Hospital, Houston 5, Texas.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

Registered Nurse for staff of new 10-bed hospital in growing mining town in Northern Manitoba. Salary: $180 per mo. to start, with increases at 6-mo. intervals. Board & room deduction $42 per mo. 8-hr. duty or more pay for 12 hrs. Opportunity to learn X-ray & laboratory work if interested. Transportation refunded after 6 mos. service. References required. For further information write Dr. C. B. Colquette, Supt., Snow Lake Hospital, Snow Lake, Man.

Registered Nurses for General Staff work on Rotation Service. Apply Supt., Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

Have you the urge to travel & see more of our country? Have you a friend who would like to also? Nurses are required for the new ultra modern 37-bed General Hospital in Langley Prairie, 1 hr. from Vancouver. Accommodation available in the newly opened nurses' home. Basic gross salary: $165; $175 with recognition for experience or post-graduate courses. Straight 8-hr. day, rotating shifts, with 9 statutory holidays & sick time. Apply Miss M. Ward, Supt. of Nurses, Langley Memorial Hospital, Murrayville, B.C.

General Staff Nurses, 44-hr. wk. Starting gross salary: $175. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

General Duty Nurses (2) for 19-bed hospital (United Church). Salary: $125 per mo. plus full maintenance. Bonus of $50 paid at end of 1st yr. & another bonus of $100 at end of 2nd yr. 8-hr. day split shift. 2 half days off ea. wk. 1 mo. holiday at end of ea. yr.'s service. Apply, stating qualifications, vital statistics, data available, Supt., George McDougall Hospital, Smoky Lake, Alta.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

General Duty Nurses for modern well-equipped hospital. Starting salary: $120 plus maintenance. Increase at end of 6 mos. & annually thereafter for 2 yrs. Accumulative sick time; medical & hospital plans available. 1 mo. holiday after 1 yr. service. 8-hr. day, 6-day wk. Apply Supt., Kirkland & District Hospital, Kirkland Lake, Ont.

Public Health Nurses for Dept. of Health, City of Ottawa. Generalized Public Health Nursing program. Apply Director, Public Health Nursing, Dept. of Health, Transportation Bldg., Ottawa, Ont.

Graduate Nurses (8) only for modern private hospital. Minimum salary: $1,800. 2 wks. vacation with pay after 1 yr. service. Allowance for sick leave. Initial uniform allowance. Also **Graduate Night Supervisor.** Apply Doctors Hospital Inc., 6481 Cote des Neiges Rd., Montreal 26, Que.

Graduate Nurses for General Duty in Operating-Room, Obstetrics, Children's Hospital & Medical & Surgical Nursing. Good salary. High Cost of Living Bonus & laundry. Apply Director of Nursing Service, Victoria Hospital, London, Ont.

Instructor (qualified) for 90-bed hospital. Salary: $150 per mo. plus $30 maintenance. Apply, stating qualifications, experience, age, religion, Supt. of Nurses, Victoria Hospital, Renfrew, Ont.

Public Health Nurses (2) for Rosebud Health Unit, Didsbury, Alta. Salary range: $1,800-2,340. Allowance for previous experience made in starting salary. Apply in writing, stating qualifications & experience, Dr. L. C. Allan, Didsbury, Alta.

Graduate Nurses (2) **for General Duty** in 12-bed Community Hospital on West Coast of Vancouver Is. Salary: $175 per mo. with annual increments, less $30 maintenance. 8-hr. day. Cumulative sick leave. 4 wks. vacation annually or 2 wks. after 6 mos. service. Apply Supt., General Hospital, Tofino, B.C.

Pediatrics Supervisor (qualified) for Victoria Hospital, London, Ont., to be in charge of War Memorial Children's Hospital. 85 beds. New wing under construction for additional 50 beds. Salary depends on qualifications. Apply, giving experience (post-graduate course preferred) & date available for duty, to Director of Nursing.

Head Nurses for Obstetrical Dept. (post-graduate course preferred). 2 floors-57 beds. Salary depends on qualifications. Apply, giving experience & date available for duty, Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses (4) for hospital located in Saguenay District, Province of Quebec. Also Operating-Room Nurse. Apply, giving full qualifications, c/o Box 9, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

General Duty Nurses for Day & Night Duty in small hospital. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

General Duty Nurses for 60-bed General Hospital. 8-hr. duty, 6-day wk. Salary: $115 plus full maintenance. 3-wk. vacation. Apply, giving full information, Supt., Public Hospital, Smiths Falls, Ont.

Operating-Room Nurse, preferably with post-graduate training though not essential. All-graduate staff. 8-hr. day, 5½-day wk. Apply Director of Nursing, Children's Memorial Hospital, Montreal 25, Que.

Associate Director of Nursing. Also **Supervisors** for Operating-Rooms & Central Surgical Supply; Obstetrical Division, including newborn nursery. Capable of organizing & assuming full responsibility in respective depts. Hospital new & thoroughly modern in rapidly growing community. Salaries open. Personal interview desired. Apply, stating age, full particulars of qualifications & experience, Supt. Oakville-Trafalgar Memorial Hospital, Oakville, Ont.

These are New

Boconize—a moth repellent which is an acid salt of an aromatic amine. It is said to have three distinct advantages: (1) durability, (2) comparatively low cost, (3) a complete lack of undesirable effects when applied to woollen fabrics.

It is a colorless, non-inflammable compound, leaves no odor on the fabric, and is unaffected by light, perspiration, or salt water.

In its concentrated form it is soluble in water, yet after it has been applied to the fabric, water will not dissolve it. It can also be manufactured as an emulsion, soluble in solvents but, after application, dry cleaning solvents will not remove it.

Boconize is said to protect the fibre because it enters into chemical combination with the disulphide link. Its atoms lock on to the sulphur atoms in such a way that the larva won't eat what has been his normal food.

Killshine—a new product in the field of dry cleaning, and textiles made in the United States. It successfully removes shine from clothing at the same time restoring cloth fibres to their original appearance. It has no detrimental effect on color-fast materials, nor does it cause shrinkage of any appreciable amount.

It has no irritative effect upon the skin, is non-inflammable, colorless, and leaves no odor.

The method of application is simple, requiring no special equipment. Killshine is an aqueous solution, non-explosive, and not subject to rapid evaporation.

Aridex—a water-repellent finish previously imported from the U.S. will be manufactured at Shawinigan Falls, Quebec, by the chemicals group of Canadian Industries Limited.

It can be used on silk, viscose rayon, cotton, cellulose acetate, wool, and nylon.

The one-bath repellent is easy to apply, is resistant to washing and dry cleaning, if no dry-cleaning soap and water is used with the solvent.

Curtain fabrics can now be woven of *Fibreglas Yarns*. Sheer coronized fibreglas marquisette curtains are on the market. They can be hand or machine washed and can be re-hung, while still damp, without ironing or stretching. Because the glass yarns shed dirt, the curtains will stay clean for unusually long periods. They will take approximately thirty washings without breakdown, slippage, or color loss, and without losing their "new look" according to Owens-Corning Fibreglas Corporation.

—*Canadian Home Economics Newsletter*

M.L.I.C. Nursing Service

Delisca Martineau (Hôpital Ste-Justine, Montreal, and University of Montreal public health course) has been appointed to the Montreal staff. *Simonne Beauregard* has been transferred from Montreal to take charge at St. Jean, Que. *Simonne Rouillard*, formerly at St. Jean, is now in Montreal.

The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality.—HERBERT SPENCER.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss Jean Clark, 9846-87th Ave., Edmonton; Vice-Pres., Misses F. J. Ferguson, H. Penhale; *Councillor*, Rev. Sr. Annunciata, Mineral Springs Hosp., Banff; *Committee Chairmen: Institutional Nursing*, Miss F. McQuarrie, School of Nursing, Univ. Hospital, Edmonton; *Private Duty*, Miss E. Shaw, 614-24th Ave. W., Calgary; *Public Health*, Miss K. Deane-Freeman, 336-23rd Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, Reynolds Bldg., 10026-102nd St., Edmonton.**

Ponoka District, No. 2, A.A.R.N.

Pres., Miss Eleanor Stark; Vice-Pres., Miss Vera King; Sec.-Treas., Miss Valerie Wheeler, Prov. Mental Hospital, Ponoka; *Reps.* to: *Labor Relations*, Miss Florence Morrison; *Nurse Placement*, Miss Margaret McNinch; *The Canadian Nurse*, Miss Margaret Davies.

Calgary District, No. 3, A.A.R.N.

Chairman, Miss G. Hutchings, Strathmore; Vice-Chairman, Miss V. Molesky; Sec., Miss M. Urch, 450 Scarboro Ave.; Treas., Miss M. Watt, Health Dept.; *Committee Chairmen: Institutional*, Miss J. Porteous; *Public Health*, Rev. Sr. M. Laramee; *Private Duty*, Miss J. Brown; Registrar, Comm. Nursing Bureau, Miss E. Wainwright, 1724-14th Ave. W.

Medicine Hat District, No. 4, A.A.R.N.

Pres., Miss M. Middleton, 177-3rd St.; Sec., Mrs. K. Baumback, 237 Aberdeen St.; Treas., Mrs. L. Garratt, 33-12th St.; *Executive*, Mrs. D. Fawcett, 403-4th St.; Miss E. Breakell, Nurses' Home; *Rep.* to *The Canadian Nurse*, Mrs. C. Keating, 4-5th St.

Red Deer District, No. 6, A.A.R.N.

Pres., Miss K. Macalister; Vice-Pres., Miss M. Murray, Mrs. O. Johanson; Sec.-Treas., Miss Lilla Wright, Box 180; *Committee Conveners: Visiting*, Miss Torrance; *Social*, Mmes Galbraith, Humber; *Rep.* to *The Canadian Nurse*, Miss O. McIlvride.

Edmonton District, No. 7, A.A.R.N.

Ex. Off., Miss M. McCulla; Chairman, Miss V. Chapman; Vice-Chairmen, Misses C. Brown, R. Ball; Sec., Miss E. Lea, City Health Dept.; Treas., Miss J. Kilgour; *Committee Conveners: Labor Relations*, Miss M. Cogswell; *Program*, Miss L. Weirs; *Rep.* to *The Canadian Nurse*, Miss D. Guild.

Lethbridge District, No. 8, A.A.R.N.

Pres., Miss A. Short; Vice-Pres., Sr. M. Peters, Miss B. Hoyt; Sec., Miss L. Watson, 605-11th St. S.; Treas., Miss I. Schmaltz; *Committee Conveners: Program*, Miss M. Mills; *Social*, Miss A. Hofer; *Rep.* to *Press & The Canadian Nurse*, Miss D. Watson.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

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New Westminster Chapter, R.N.A.B.C.

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Vancouver Island District

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East Kootenay District

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Okanagan District

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Manitoba Association of Registered Nurses

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District 8

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District 9

Chairman, Mrs. I. Gleason; Vice-Chairmen, Misses L. Smith, E. Houston; Sec.-Treas., Mrs. J. McLean, Box 851, New Liskeard; *Section Conveners: General Nursing*, Miss E. G. Johnston; *Public Health*, Miss C. Douglas; *Hospital & School of Nursing*, Rev. Sr. Camillus; *Committee Conveners: Membership*, Miss L. Kelly; *Program*, Miss Houston; *Nominating*, Miss A. Walker; *Finance*, Miss S. Laine; *Rep.* to *The Canadian Nurse*, Miss M. Rice.

District 10

Chairman, Miss V. Weston; Vice-Chairman, Mrs. D. Easton; Sec.-Treas., Miss I. Lankinen, St. Joseph's Hosp., Port Arthur; *Committees: Finance*, Miss D. Shaw; *Membership*, Misses M. Flanagan, M. Waters; *Program*, Miss O. Waterman; *Sections: Hospital & School of Nursing*, Sr. Patricia; *Public Health*, Miss M. MacArthur; *General Nursing*, To be appointed; *Councillors*, Misses A. Hunter, Wilson, J. Smart, Waterman, Sr. Felicitas; *Reps.* to: *Press*, Miss G. Marino; *The Canadian Nurse*, Misses Smart, L. Danberger.

PRINCE EDWARD ISLAND

The Association of Nurses of Prince Edward Island

Pres., Mrs. Lois MacDonald, P.E.I. Hospital, Charlottetown; Vice-Pres., Sr. Mary Irene, Charlottetown Hospital; Treas.-Registrar, Sr. Mary Magdalen, Charlottetown Hospital; **Sec., Miss Verna Darrach, 62 Prince St., Charlottetown.** *Section Chairmen: Public Health*, Miss Ruth Ross, 57 Orlebar St., Charlottetown; *General Nursing*, Miss G. McCarron, 78 Cumberland St., Charlottetown; *Hospital & School of Nursing*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

Pres., Rév. Sr. Valérie de la Sagesse; Vice-Pres. (*Eng.*), Misses M. S. Mathewson, C.V. Barrett; Vice-Pres. (*Fr.*), Mlles F. Verret, B. Laliberté; Hon. Sec., Rev. Sr. M. Felicitas; Hon. Treas., Mlle A. Martineau; *Councillors*, Mme M. A. Flynn, Miles C. Demers, R. Aubin, M. Bissonnet, G. Beauregard. The above constitute the *Executive Council* & are Members of the *Committee of Management*, together with: Mme P. Morency, Rév. Srs. F. Agnès, St. Ferdinand, Allard, Rheault, Rév. Mère Marie-Paul, Misses A. Trudel, J. Gagnon, L. Couet, A. Peverley, M. Flander, B. Bourbonnais. *Advisory Board*, Misses E. C. Flanagan, G. M. Hall, F. Munroe, M. E. Lunam, S. Soles, Mrs. J. Green, Rév. Srs. Paul du Sacré-Coeur, Thomas du Sauveur, Louise de Marillac. *Committee Chairmen: Institutional Nursing* (*Eng.*), Miss N. Mackenzie, General Hospital, Montreal 18; (*Fr.*), Rév. Sr. Denise Lefebvre, Institut Marguerite d'Youville, Montréal 25; *Public Health* (*Eng.*), Miss E. Pibus, 12 Amesbury Ave., Montreal 25; (*Fr.*), Mlle E. Merleau, 5302 ave Victoria, App. 2, Montréal 26; *Private Duty* (*Eng.*), Mrs. E. M. Griffith, 3660 Lorne Cres., Apt. 5, Montreal 18; (*Fr.*), Mlle J. Côté, 3622 rue St. Denis, App. 1, Montréal 18. *Chairmen, Board of Examiners:* (*Eng.*), Mrs. S. Townsend, 570 Chester Rd., Town of Mt. Royal, Mtl 16; (*Fr.*), Mlle J. Trudel, Hôpital Ste. Justine, Montréal 10. Sec.-Registrar, Miss Margaret M. Street. Visitor to Fr. Schools of Nursing, Mlle S. Giroux. **Association Headquarters, 504-6 Medical Arts Bldg., Montreal 25.**

District 1

Chairman, Mlle M.-Ange Chamard, New Carlisle, Cté Bonaventure, Que.; Sec., Mlle T. Langlais, Val Brillant, Cté Matapédia, Que.

District 2

Chairman, Mlle C. Demers, 44 rue Frazer, Lévis, Que.; Sec., Mlle M. Powers, 12 rue Bégin, Lévis.

District 3

English Chapter: Chairman, Miss S. Soles, 70 Dufferin Ave., Sherbrooke; Sec., Mrs. E. Taylor, 3 Fabre St., Sherbrooke. *French* Chapter: Chairman, Mlle R. Aubin, East Angus, Cté Compton, Qué.; Sec., Rév. Sr. St. André, Hôpital Général St. Vincent de Paul, Sherbrooke.

District 4

Chairman, Rév. Sr. St-Normandin, Hôpital St-Charles, St. Hyacinthe, P.Q.; Sec., Mlle Marie-Thérèse Bourbeau, Hôpital St-Charles, St. Hyacinthe.

District 5

Chairman, Mlle A. Besner, 29 rue Ste. Cécile, Valleyfield; Sec., Mlle S. Ethier, 47 rue St. Georges, St. Jean, Que.

District 6

Noranda Chapter; Chairman, Mme P. Morency, C.P. 930, Rouyn-Noranda, Que.; Sec., Mlle G. Parke, Hôpital Youville, Noranda. *Hull* Chapter: Chairman, Rév. Sr. Thomas du Sauveur, Hôpital du Sacré-Coeur, Hull, Que.; Sec., Rév. Sr. Lucien de Jésus, Hôpital du Sacré-Coeur, Hull.

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Chairman, Rév. Sr. Jean des Lys, Hôpital St. Eusèbe, Joliette, Que.; Sec., Mlle L. Robert, 540 rue St. Viateur, Joliette.

District 8

Chairman, Mlle M. A. Trudel, Hôpital St. Joseph, Trois-Rivières, Que.; Sec., Mlle G. Parent, 795 rue St. Roch, Trois-Rivières.

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District 10

Chairman, Mlle L. Couet, 162 Rivière du Moulin, Chicoutimi, Que.; Sec., Mme T. S. Gauthier, rue Oerstadt, Arvida, Que.

District 11

English Chapter: Chairman, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital, Montreal 2; Sec., Miss C. Livingston, 1246 Bishop St., Montreal 25; Asst. Sec., Miss D. Goodill, Royal Victoria Mtl. Maternity Hospital, Montreal 2. *French* Chapter: Chairman, Mlle A. Martineau, 2570 Jean Talon E., Montréal 38; Sec., Mlle B. Bourbonnais, 2693 blvd Pie IX, App. 1, Montréal 4.

SASKATCHEWAN

Saskatchewan Registered Nurses' Association (Incorporated 1917)

Pres., Miss Ethel James, Regina General Hospital; Vice-Pres., Mrs. J. E. Porteous, Saskatoon City Hospital; Rev. Sr. Tougas, Grey Nuns' Hospital, Regina; *Councillor*, Mrs. E. Gault, 121 Ave. P South, Saskatoon; *Chairmen, Standing Committees: Public Health*, Miss M. Edwards, Rm. 3, Annex Govt. Insur. Bldg., Dept. of Public Health, Regina; *Private Duty*, Mrs. E. Pechey, 2027 Cameron St., Regina; *Institutional Nursing*, Miss L. Rechenmacher, St. Paul's Hosp., Saskatoon; Asst. Registrar, Miss Lola Wilson; **Sec.-Treas., Registrar & Adviser, Schools for Nurses, Miss K. W. Ellis, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.**

Regina Chapter, District 7, S.R.N.A.

Pres., Miss O. Brown; Vice-Pres., Miss E. Jefferson, Mrs. M. Davey; Sec.-Treas., Mrs. E. C. Parker, 2320 Garnet St.; Asst. Sec.-Treas., Miss G. Spice; *Committee Chairmen: Institutional*, Miss A. Swendseid; *Private Duty*, Mrs. G. Anderson; *Public Health*, Miss F. C. Maddaford; *Rep.* to *The Canadian Nurse*, Miss L. Garland.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Pres., Mrs. H. B. Kirkpatrick; Past Pres., Mrs. A. E. Wilson; Vice-Pres., Mmes H. J. Moore, A. C. Maberley, Miss V. Hall, Mrs. R. C. Straker; Rec. Sec., Miss L. Shantz; Corr. Sec., Miss I. Robertson, 3014-2nd St. W.; Treas., Mrs. H. Thompson; *Committee Conveners: Press*, Mrs. H. Johnston; *Refreshment*, Mrs. H. R. Honeywell; *Membership*, Mrs. W. T. Brigden; *Visiting*, Mrs. C. W. Boyd; *Social*, Mrs. D. G. McInnes; *Carnival*, Mrs. W. J. Treanor; *Banquets*, Mrs. W. J. Tregillus; *Extra Exec.*, Mmes C. J. Stewart, A. S. Hammill, N. W. Griffiths.

A.A., Holy Cross Hospital, Calgary

Pres., Miss M. Sparrow; Vice-Pres., Miss C. Sahara, Mrs. Calvert; Rec. Sec., Mrs. A. Thomas; Corr. Sec., Mrs. Benner; Treas., Mrs. F. Jackson, 1037-2nd Ave. N.W.; *Committees: Membership*, Mmes Walshaw, Orr; *Refreshment*, Mrs. Crooks; *Visiting*, Mrs. R. Jackson; *Entertainment*, Mrs. O'Driscoll; *Grad. Banquet*, Mmes Davidson, Shaw, Robertson; *Paper*, Misses Tennant, Hermans; *Cancer Drive*, Mrs. A. T. Kloepfer.

A.A., Edmonton General Hospital

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A.A., Misericordia Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

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A.A., Medicine Hat General Hospital

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A.A., Vegreville General Hospital

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A.A., Vancouver General Hospital

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital

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A.A., Children's Hospital, Winnipeg

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A.A., Misericordia Hospital, Winnipeg

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A.A., Victoria Hospital, Winnipeg

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A.A., Winnipeg General Hospital

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NEW BRUNSWICK

A.A., Hotel Dieu Hospital, Campbellton

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A.A., Saint John General Hospital

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A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Nova Scotia Hospital, Dartmouth

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A.A., Halifax Infirmary

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A.A., Victoria General Hospital, Halifax

Pres., Mrs. G. M. Morrell, 54 Russell St.; Vice-Pres. Mrs. J. M. Cameron, 34 Drummond Crt.; Sec., Miss Mary Gunn, V.G.H.; Treas., Mrs. Charles Hodgson, 15 Duncan St.

A.A., Aberdeen Hospital, New Glasgow

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A.A., City Hospital, Sydney

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ONTARIO

A.A., Belleville General Hospital

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A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss M. Patterson; Vice-Pres., Miss M. Terryberry, Mrs. G. Brittain; Sec., Mrs. L. Sheppard; Treas., Miss Alice Riddle; *Committees: Gift*, Misses J. Weir, M. Southward; *Flower*, Misses D. Rashleigh, T. Kett; *Social*, Miss A. McKenzie, Mrs. D. Habberjam; *Reps.* to: *Local Council of Women*, Mrs. C. Andrews; *Council of Social Agencies*, Miss J. Hankinson; *The Canadian Nurse & Press*, Miss Ailsa Scott.

A.A., Brockville General Hospital

Hon. Pres., Misses A. Shannette, E. A. Moffatt; Pres., Mrs. D. Cooke; Vice-Pres., Miss H. Corbett, Mrs. H. Greene; Sec., Mrs. H. L. Bishop, 89 King St. W.; Treas., Miss M. Gardiner; *Committees: Social*, Misses L. Merkley, D. MacMillan; *Gift*, Miss V. Kendrick; *Property*, Mrs. Greene, Misses E. Thorpe, R. Carbery; *Fees*, Miss V. Preston; *Plan for Hosp. Care*, Mrs. C. Babcock; *Rep.* to *Press*, Miss D. Barrett.

A.A., Ontario Hospital, Brockville

Hon. Pres., Mrs. E. M. Orr; Pres., Miss K. Hinton; Vice-Pres., Mmes B. Smith, O. Belfoi; Sec., Mrs. O. Adams, 43 Charles St.; Treas., Miss M. Holley; *Committees: Social*, Mmes F. Hamblen, J. Lynch, Miss G. Best; *Welfare*, Mmes M. Glover, G. Haggerty, Miss J. Flood; *Membership*, Mmes J. Gaffney, C. Jenkins, M. Fairbourne; *Rep.* to *Press*, Mrs. E. Wilkins.

A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Rev. Mother M. Fabian; Hon. Vice-Pres., Rev. Sr. M. Georgina; Pres., Mrs. M. Hickey; Vice-Pres., Miss D. Nash, Mrs. C. Salmon; Rec. Sec., Miss A. Coveny; Corr. Sec., Miss A. Kenny, 258 Queen St.; Treas., Miss D. Carley; *Councillors*, Mmes H. McPherson, J. Embree, M. Millen, Miss L. Pettypiece; *Committees: Buying*, Miss P. Tunstall, Mrs. P. Doyle; *Lunch*, Mmes I. Mulhern, L. Smyth, M. O'Rourke; *Program*, Misses D. Marini, M. Boyle, M. Doyle, J. Laprise; *Reps.* to: *Blue Cross*, Miss Boyle; *Press*, Mrs. Salmon; *The Canadian Nurse*, Mrs. M Jackson.

A.A., Cornwall General Hospital

Hon. Member, Mrs. Boldick; Hon. Pres., Miss Nephew, Mrs. H. Gunther; Pres., Miss E. McIntyre; Vice-Pres., Miss M. Ferguson, Mrs. H. Quart; Sec., Mrs. V. S. Whaley; Treas., Miss M. Clark; *Committee Conveners: Flowers & Gifts*, Miss E. Allen; *Social & Program*, Miss E. Paul; *Membership*, Miss R. Warren; *Reps.* to: *Press*, Mrs. P. Robertson; *The Canadian Nurse*, Mrs. E. Gunther.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. Daniels; Pres., Miss U. Leblanc; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss Alice Huot, H.D.H.; Corr. Sec., Miss H. Fraser; *Committee Conveners: Social*, Miss R. McDonald; *Publicity*, Miss T. Wheeler; *Gift*, Miss D. Ryan.

A.A., McKellar Hospital, Fort William

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A.A., Galt Hospital

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A.A., Guelph General Hospital

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital

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A.A., Ontario Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital

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A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. Mary Grace; Pres., Miss D. Milatz; Vice-Pres., Mrs. D. Hentges, Miss M. Kuntz; Rec. Sec., Miss F. Kelly; Corr. Sec., Miss E. Rogel, 31 Chestnut St.; Treas., Miss A. Psutka.

A.A., Ross Memorial Hospital, Lindsay

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A.A., Ontario Hospital, London

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A.A., St. Joseph's Hospital, London

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A.A., Victoria Hospital, London

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. Bennett, E. Young; Pres., Miss P. Farmer; Vice-Pres., Misses E. Horney, B. Jackson; Rec. Sec., Miss L. Currie; Corr. Sec. Miss F. Garnett, 310 Holmwood Ave.; Treas., Miss D. Crossan, 55 Belmont Ave.; Asst. Treas., Miss B. Blair; *Councillors*, Mmes I. Veitch, E. Storr, G. Brown, Misses J. Nicholson, D. Hillis, G. Carver, E. Carnochan, J. Connelly; *Committees: Visiting & Flower*, Misses M. MacFarlane, D. Levine; *Refreshment*, Misses M. Cowie, M. Simpson, R. Seeley; *Alumnae Paper*, Misses M. Downey, H. Johnston, Mrs. D. Ball, *Rep.* to *The Canadian Nurse*, Mrs. G. Brown.

A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. M. Alban; Pres., Mme Noël Chassé; Vice-Pres., Mrs. D. Kipp, Miss M. Gormley; Sec., Miss R. MacIsaac, 286 Nelson St.; Treas., Miss F. Brind'Amour; Membership Sec., Rev. Sr. Helen of Rome (Asstes., Misses D. Finlan, M. Boutin); *Councillors*, Mmes J. A. Lecours, R. Seguin, Misses J. Frappier M. Bambrick, T. Hurtubise, P. Manthe.

A.A., St. Luke's Hospital, Ottawa

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A.A., Owen Sound General and Marine Hospital

Hon. Pres., Mrs. L. O. Dudgeon; Pres., Mrs. D. Story; Vice-Pres., Miss A. Cook; Sec., Mrs. G. Dewar, R.R. 7, Owen Sound; Treas., Miss M. H. Miller, 441-8th St., East Owen Sound; *Rep.* to *R.N.A.O.* Mrs. D. Galbraith.

A.A., Peterborough Civic Hospital

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A.A., St. Joseph's General Hospital, Port Arthur

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A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Gloria Welch; Sec., Miss Jean Thomson, S.G.H.; Treas., Miss Elizabeth Russell, S.G.H.; *Rep.* to *The Canadian Nurse*, Miss Marion Buckrell, 264 London Rd.

A.A., Stratford General Hospital

Hon. Pres., Miss A. M. Munn; Pres., Miss R. Cleland; Vice-Pres., Miss B. Schellenberger; Sec., Miss M. Murr, 212 Douglas St.; Treas., Miss M. McMaster, 249 Erie St.; *Committees: Flower & Gift*, Mrs. G. Tretheway, Miss J. Hill; *Social*, Misses E. Doupe, A. Woeffle, Mmes S. Thompson, C. Riehl.

A.A., Mack Training School, St. Catharines

Hon. Pres., Miss A. Wright, Supt.; Pres., Miss Norma Culp; Vice-Pres., Mrs. L. Flight, Miss M. Foran; Sec., Miss H. M. Robinson, General Hospital; Treas., Miss Agnes Muir, General Hospital.

A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss I. Stewart; Pres., Mrs. C. Clark; Vice-Pres., Mrs. D. Higgs; Sec., Miss A. Claypole, M.H.; Corr. Sec., Miss Etta Dodds, 33 Wellington St.; Treas., Mrs. J. Graves; *Rep.* to *The Canadian Nurse*, Miss Dodds.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. Pres., Miss P. L. Morrison; Pres., Mrs. B. Darwent; Vice-Pres., Mrs. A. Wallace; Rec. Sec., Mrs. Cook, 16 Springhurst Ave.; Corr. Sec., Mrs. Jacques, 23 Fuller Ave.; Treas., Miss M. McCullough; *Social Convener*, Mrs. Smith.

A.A., Hospital for Sick Children, Toronto

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